



# APPLICATION FOR EMPLOYMENT

Please complete this personal data sheet. If employed, this becomes a part of your permanent record. Nothing contained in this application is intended to require you to disclose any protected characteristics such as age, race, national origin, gender, disability, veteran status and the like. If you feel that such a disclosure is required by any question asked, you may elect not to answer that question.

1490 S. MAIN, BOERNE, TEXAS 78006  
 1731 SIDNEY BAKER, KERRVILLE, TEXAS 78028

PRINT ALL INFORMATION:

NAME \_\_\_\_\_ DATE \_\_\_\_\_

LAST FIRST MIDDLE NICKNAME SOCIAL SECURITY NO.

PRESENT ADDRESS \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

NO. AND STREET CITY STATE ZIP CODE TELEPHONE

PERMANENT ADDRESS \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

NO. AND STREET CITY STATE ZIP CODE TELEPHONE

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES  NO  (PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.)

ARE YOU AGE 16 OR OVER? YES  NO  HAVE YOU EVER BEEN REFUSED ON APPLICATION FOR A SURETY BOND? YES  NO  IF YES, EXPLAIN \_\_\_\_\_

ARE YOU AGE 18 OR OVER? YES  NO

ARE YOU AGE 21 OR OVER? YES  NO

HAVE YOU RELATIVES WORKING FOR US? YES  NO  IF YES, WHERE? \_\_\_\_\_ NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED WITH BILLY'S WESTERN WEAR? YES  NO

IF YES, WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_ HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? YES  NO  IF YES, WHEN? \_\_\_\_\_

IF HIRED BY BILLY'S WESTERN WEAR, DO YOU HAVE COMMITMENTS TO ANOTHER EMPLOYER OR ORGANIZATION WHICH MIGHT AFFECT YOUR WORK SCHEDULE WITH US? YES  NO  IF YES, WHEN? \_\_\_\_\_

POSITION DESIRED \_\_\_\_\_ WHAT IS YOUR MINIMUM WAGE SALARY REQUIREMENTS? \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

INDICATE DESIRED WORK SCHEDULE. SPECIFY HOURS AND DAYS AVAILABLE

CAN YOU WORK ROTATING SHIFTS INCLUDING NIGHTS, WEEKENDS AND HOLIDAYS? \_\_\_\_\_ DO YOU HAVE ADEQUATE TRANSPORTATION TO AND FROM WORK? YES  NO

HOW LONG DO PLAN TO WORK FOR BILLY'S MANAGEMENT, INC? \_\_\_\_\_ (THIS DOES NOT CONSTITUTE A CONTRACT OF EMPLOYMENT)  3 MONTHS  6 MONTHS  1 YEAR OTHER \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? YES  NO  IF YES, PLEASE GIVE DATE, LOCATION AND DETAILS \_\_\_\_\_

**EDUCATION:**

CIRCLE LAST YEAR ATTENDED GRADE 1 2 3 4 5 6 7 8 HIGH 2 3 4 COLLEGE 1 2 3 4 5 6

SCHOOL LOCATION

HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

TRADE SCHOOL \_\_\_\_\_

**MILITARY:**

BRANCH \_\_\_\_\_ RANK AT DISCHARGE \_\_\_\_\_

TYPE OF DISCHARGE \_\_\_\_\_

DUTIES \_\_\_\_\_

GIVE BELOW THE NAMES OF TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

NAME	ADDRESS	TELEPHONE	YEARS KNOWN
1. _____	_____	_____	_____
2. _____	_____	_____	_____

IN EVENT OF EMERGENCY, NOTIFY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

## RECORD OF PRESENT AND PAST EMPLOYMENT

	LAST OR PRESENT EMPLOYER		NEXT PREVIOUS EMPLOYER		NEXT PREVIOUS EMPLOYER		NEXT PREVIOUS EMPLOYER	
FROM	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR
TO	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR
NAME OF COMPANY								
TELEPHONE #								
STREET ADDRESS								
CITY								
STATE								
POSITION YOU HELD								
DESCRIBE YOUR DUTIES								
NAME OF YOUR SUPERVISOR								
WEEKLY SALARY	INITIAL	FINAL	INITIAL	FINAL	INITIAL	FINAL	INITIAL	FINAL
	\$	\$	\$	\$	\$	\$	\$	\$
REASON FOR LEAVING								
MAY WE CONTACT COMPANY?	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF NO, WHY? _____		IF NO, WHY? _____		IF NO, WHY? _____		IF NO, WHY? _____	

I CERTIFY THAT I HAVE READ AND FULLY COMPLETED THIS APPLICATION AND THAT THIS INFORMATION IS TRUE AND CORRECT. ANY MISREPRESENTATION OR OMISSION OF FACTS ASKED ABOUT IS REASON FOR IMMEDIATE DISMISSAL, NO MATTER WHEN DISCOVERED BY BILLY'S WESTERN WEAR. I UNDERSTAND BILLY'S WESTERN WEAR RESERVES THE RIGHT TO ADMINISTER A POLYGRAPH EXAM ACCORDING TO THE GUIDELINES OF THE EMPLOYEE POLYGRAPH PROTECTION ACT.

I UNDERSTAND AND AGREE THAT IF EMPLOYED, THE EMPLOYMENT WILL BE "AT WILL" THAT IS EITHER I OR BILLY'S WESTERN WEAR MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY OR NO REASON. I ALSO ACKNOWLEDGE BILLY'S WESTERN WEAR RESERVES THE RIGHT TO AMEND OR MODIFY THE POLICIES IN IT'S HANDBOOK OR OTHER BILLY'S WESTERN WEAR POLICIES AT ANY TIME WITHOUT PRIOR NOTICE, AND AGREE THAT I AM BOUND BY THESE INCLUDING BILLY'S WESTERN WEAR ANTI-HARRASSMENT POLICY.

I AUTHORIZE THE REFERENCES LISTED TO GIVE YOU ANY AND ALL PERTINENT JOB RELATED INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND THAT CERTAIN REPORTS MAY BE OBTAINED REGARDING BACKGROUND, CREDIT AND/OR CRIMINAL HISTORY, DRIVING RECORDS AND EDUCATION ON ME, AND I HEREBY AUTHORIZE BILLY'S WESTERN WEAR TO OBTAIN SUCH REPORTS.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER