

Hanson's Installations, Inc.
(An Equal Opportunity Employer)

APPLICATION FOR EMPLOYMENT

THE FAILURE TO COMPLETELY ANSWER EACH QUESTION WILL PREVENT FURTHER PROCESSING OF THIS APPLICATION

First Name and Middle Initial	Last Name	Social Security Number
Home Address (Number Street or Rural Route – Do not use P.O. Box)		Telephone Number
City or Town, State and Zip Code		Alternate Number (e.g. Beeper)

IN CASE OF EMERGENCY NOTIFY:	MILITARY SERVICE RECORD:
Name _____	Branch of Service _____
Relationship _____	Discharge Date _____
Phone No. _____	Discharge Rank _____

EDUCATION

School Level	Name of School	City and State	No. of Years or Hrs Completed	Degree, Diploma, or Certificate
High School				
College				
Trade School				

DESIRED EMPLOYMENT

Position	Date You Can Start	Minimum Salary Expected
Are You Employed Now?	If So, May We Inquire of Your Present Employer?	
Ever Applied to Hanson's Installations, Inc. Before?	Where?	When?
Ever Worked for Hanson's Installations Inc. Before?	Where?	When?
Reason for Leaving Hanson's Installations, Inc.:		
How Did You Hear About Hanson's Installations, Inc.? Newspaper Advertising, If So, Which Newspaper?	State Employment Office,	Friend, Walk-In, Other: _____

Have you ever been convicted of a Felony? If yes, explain:
Have you ever been convicted of a Misdemeanor involving theft of money or merchandise? If yes, explain:
Have you ever been given a Deferred Adjudication sentence that has not yet been successfully completed? If yes, explain:

A "yes" answer to any of the three questions above will not necessarily exclude you from consideration.

Under the Federal Statutes, an employer has the right to make reasonable pre-employment inquiries into your ability to perform job-related functions. Many of the job assignments for our employees require strenuous physical labor for sustained periods of time. The information you give below is the limited purpose for our managers to determine your ability to perform these job-related functions and to determine reasonable job assignments for you. It will in no way exclude you from any job, which you are able to perform.

Based upon the position you desire is there any reason that you are not able to perform the duties required, with or without accommodation?

PERSONAL REFERENCES

Name	Address	Phone No.	No. Years Known
1.			
2.			
3.			

FORMER EMPLOYERS

(LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT)

Name of Present or Last Employer			Phone No.	
Address		City	State	Zip
Starting Date	Ending Date	Job Title		
Name of Supervisor	May We Contact You Supervisor?	Starting Salary	Ending Salary	
Description of Work				
Reason for Leaving				

Name of Present or Last Employer			Phone No.	
Address		City	State	Zip
Starting Date	Ending Date	Job Title		
Name of Supervisor	May We Contact You Supervisor?	Starting Salary	Ending Salary	
Description of Work				
Reason for Leaving				

Name of Present or Last Employer			Phone No.	
Address		City	State	Zip
Starting Date	Ending Date	Job Title		
Name of Supervisor	May We Contact You Supervisor?	Starting Salary	Ending Salary	
Description of Work				
Reason for Leaving				

I hereby authorize investigation of all information concerning my previous employment, and any pertinent information such employers may have, personal and otherwise, and release all parties from all liability for any damage that may result from furnishing same to Hanson's Installations, Inc. I declare that all statements contained in this application are true and correct, and understand that false or inaccurate information will be the basis for dismissal. I hereby declare that I have legal status to work in the Untied States.

X

APPLICANT SIGNATURE

DATE

This application shall remain current for only sixty (60) calendar days. After that time if you have not heard from Hanson's Installations, Inc. and still wish to be considered for employment, it will be necessary for you to fill out a new application.

Hanson's Installations, Inc.
16726 Pawlin Drive
Selma, Texas 78154
(210) 651-5711

RELEASE OF CRIMINAL RECORDS AND/OR DRIVING HISTORY

I, the undersigned, do hereby authorize Hanson's Installations, Inc. to examine any and all criminal records and/or driving history on file in the counties in the state of Texas or any other state.

In the event that the information from examination of the criminal records and/or driving history is utilized in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the report and a description, in writing, of your rights under the Federal Fair Credit Reporting Act.

Signature

Print Name

Date of Birth

Social Security Number

Drivers License and/or ID Number and State
Indicate Whether Drivers License or ID Card

Today's Date

COMPLETION OF THIS SECTION IS VOLUNTARY

Hanson's Installations, Inc. is an Equal Opportunity Employer. As such, Federal law prohibits discrimination against age, sex, race, color, national origin, veteran status, disability, religion, and other protected categories. All Equal Opportunity Employers are required to maintain the following information to demonstrate compliance with Federal agency regulations. The information is used solely for the purpose of maintaining statistical records, and will in no way be used when assigning jobs for you to perform. The information you give will be kept in a separate confidential file and will be available only to our managers who are charged with keeping such data, and for governmental officials investigating our compliance with Federal Statutes. Completion of this section voluntary.

Sex:	Male	Female
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Race:	African-American	American Indian/Eskimo	White
	Hispanic	Asian/Pacific Islander	Other

Veteran Status:	Non-Vietnam-Era Veteran	Vietnam-Era Veteran	N/A
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PROSPECTIVE EMPLOYMENT AUTHORIZATION AND CERTIFICATION

Please carefully read the instructions on the reverse side before submitting this form. Incorrect/incomplete forms will be returned without action.

SECTION I: TO BE COMPLETED BY JOB APPLICANT

1. Name of Job Applicant (Print or type)	3. Social Security Number
2. Complete Address of Job Applicant (Print or type)	4. Date Job Application Submitted

I understand that the Texas Workers' Compensation Act provides for the release of certain prior work related injury information to prospective Texas employers who carry workers' compensation insurance if the employer obtains my written authorization before making a request for that information. I also understand that if this employer is covered by the Americans With Disabilities Act, my prior work related injury claim information may be released only if the indicated employer has properly completed and certified the information on this form. Prospective employers filing valid requests will be provided with a report on prior work related injury claims only if an applicant has made two or more general injury claims in the preceding five years. I hereby authorize release of information permitted by law on my work related injuries to the prospective employer named below.

Job Applicant's Signature _____ Date _____

SWORN AND SUBSCRIBED TO BEFORE ME BY THE SAID _____ (Print Job Applicant's Name)

ON THIS _____ DAY OF _____, YEAR _____

Signature of Notary Public

Print Name of Notary Public
(Seal or Stamp)

My Commission expires: _____

SECTION II: TO BE COMPLETED BY PROSPECTIVE TEXAS EMPLOYER

1. Name of Employer (Print or type)	3. Employer's Federal Tax I.D. #	4. Date Job Application Received
2. Address and Phone Number of Employer (Print or type)	Phone Number ()	5. Prepaid Account Number

I am a prospective Texas employer who has workers' compensation insurance. I am entitled to receive prior injury information concerning this job applicant under the Texas Workers' Compensation Act, Texas Labor Code, Section 402.087. I am not prohibited from receiving this information under the Americans With Disabilities Act of 1990, 42 U.S.C. §12101 *et. seq.* because:

(Employer Must Check One):

- I am a Texas employer who is not covered by the Americans With Disabilities Act of 1990. (The Americans With Disabilities Act of 1990 defines "employer" as: "a person engaged in an industry affecting commerce who has 15 or more employees for each working day in each of 20 or more calendar weeks in the current or preceding year and any agent of such person").
- I am a Texas employer who is covered by the Americans With Disabilities Act of 1990, who is requesting this information prior to hiring the above-named job applicant, but after having made a conditional offer of employment to the above-named applicant. I am requesting this information regarding all post-offer prospective job applicants in this job category, regardless of disability. Information concerning the Americans With Disabilities Act may be obtained by calling 1 (800) 949-4232; TDD 1 (713) 520-5136 or the Texas Commission on Human Rights, (512) 437-3450.

A \$2.00 fee is required of the prospective employer per request. Your remittance must be attached. The TWCC-156 form will be returned without action if payment is not enclosed. Fees are subject to change. Make checks payable to TWCC.

I certify that I am an authorized representative of this employer and the statements in Section II of this document are true, complete and correct to the best of my knowledge and belief.

Employer/Representative's Signature _____ Date _____

SWORN AND SUBSCRIBED TO BEFORE ME BY THE SAID _____ (Print Employer/Rep. Name)

ON THIS _____ DAY OF _____, YEAR _____

Signature of Notary Public

Print Name of Notary Public
(Seal or Stamp)

My Commission Expires: _____