



**WORK HISTORY** Please complete the following in chronological order, beginning with your most recent employment.

Employer:	<b>Hourly Rate/Salary</b>	<b>Work responsibilities:</b>
Address:	starting                      final	
Job title:	<b>Date      employed</b>	
Supervisor:	beginning                      end	
Reason for leaving:		

Employer:	<b>Hourly Rate/Salary</b>	<b>Work responsibilities:</b>
Address:	starting                      final	
Job title:	<b>Date      employed</b>	
Supervisor:	beginning                      end	
Reason for leaving:		

Employer:	<b>Hourly Rate/Salary</b>	<b>Work responsibilities:</b>
Address:	starting                      final	
Job title:	<b>Date      employed</b>	
Supervisor:	beginning                      end	
Reason for leaving:		

*If you are currently working, may we contact your current employer?*                       Yes     No

**This Application will remain active for a period of thirty (30) days upon receipt**

**PROFESSIONAL REFERENCES**

Name: _____ Address: _____ Mobile number (    ) _____ Number of years known: _____ Email _____ Project or relationship _____	Name: _____ Address: _____ Mobile number (    ) _____ Number of years known: _____ Email _____ Project or relationship _____	Name: _____ Address: _____ Mobile number (    ) _____ Number of years known: _____ Email _____ Project or relationship _____
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## EDUCATION

High School	Name	Years Completed	Diploma/Degree	Courses of Study
	Location	1 2 3 4		
College	Name	Years Completed	Diploma/Degree	Courses of Study
	Location	1 2 3 4		
Graduate	Name	Years Completed	Diploma/Degree	Courses of Study
	Location	1 2 3 4		
Technical and/or Certification	Name	Years Completed	Diploma/Certification	Courses of Study
	Location	1 2 3 4		

## CRIMINAL RECORD

Have you been **convicted** of a felony or misdemeanor crime?  Yes  No

If the answer to this question is yes, give details including date, location (city/town), nature of offense(s) and disposition.

\_\_\_\_\_

\_\_\_\_\_

***A conviction record will not necessarily preclude an applicant from an offer of employment.***

## ADDITIONAL INFORMATION

**Military Service Record**

Are you a United States Veteran?  Yes  No If yes, please list experience and special training received in the military:

\_\_\_\_\_

\_\_\_\_\_

Are you currently in the reserves?  Yes  No

## General Information

- Are you able to be bonded?  Yes  No
- If hired, do you have reliable transportation to and from work?  Yes  No
- Do you have a **valid** Texas driver license?  Yes  No
- Do you have any friends or relatives that have worked or are working at E.H. Anderson Public Relations?  
 Yes  No If yes, list name(s)

\_\_\_\_\_

## Agreement and Authorization

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions, whether oral or written, may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date. I also agree to permit, with notice, E.H. Anderson Public Relations to conduct any background investigation procedure it deems necessary with respect to my Application and, in the event of hire, or while employed. I also release E.H. Anderson Public Relations from any and all liability if whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I authorize a thorough investigation of all statements and references contained in this application and of my employment history, including discipline and attendance records, and agree to cooperate in such investigation. I consent to and release from all liability and responsibility all persons and corporations requesting or supplying such information and waive my right to notice of such disclosure.

I give my consent to E.H. Anderson Public Relations, through an authorized testing service of its choice, to collect blood, tissue, and urine or saliva samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances. Further, I give my consent for the release of the test results and other relevant medical information to authorized E.H. Anderson Public Relations management members for appropriate review. If I am accepted for employment by E.H. Anderson Public Relations, I consent to be tested in the above manner during my employment when, in the Agency's judgment, and if such testing is appropriate. I acknowledge that remaining free of illegal drugs and complying with E.H. Anderson Public Relations' substance abuse policy is a condition of my employment.

Should I receive an offer of employment, I agree to submit to any physical or psychological medical examination. I further authorize any physician or entity conducting such medical examination to release the results of such examination to authorized management of E.H. Anderson Public Relations.

I understand that if I have a protected disability that affects my ability to apply for a position with E.H. Anderson Public Relations or to perform the job I seek, I may ask E.H. Anderson Public Relations to attempt to make a reasonable accommodation for it. I must let E.H. Anderson Public Relations know about the need for my accommodation as soon as possible. Reasonable accommodation will be made based on state and federal compliance and with consideration of undue hardship to the Agency.

**I understand that either party may terminate an employment relationship, with or without cause, at any time, with or without notice, for any reason, or for no reason at all and** further agree that any employment arrangement may only be altered in writing directed to me personally and signed by the president of E.H. Anderson Public Relations. I agree that I shall be bound by the rules, policies, regulations, terms and conditions of employment of E.H. Anderson Public Relations as they are from time to time changed, and no additional obligations can be imposed on E.H. Anderson Public Relations except those which have been acknowledged in writing, by the president of E.H. Anderson Public Relations or their designated representatives.

I hereby authorize E.H. Anderson Public Relations to deduct from my pay an established amount, of which I will be notified, deemed necessary to offset damages caused by me or the value of property or money trusted to me, or owed by me to E.H. Anderson Public Relations in the event of termination of my employment.

I have read, and fully understand the authorization and agreement

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

### Reference Documentation (Office Use Only)

Source: \_\_\_\_\_

Source: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Testing:

Spelling    Copywriting    Programs (software)    Graphic Design    Other \_\_\_\_\_

Approved for hire:  Yes    No

Authorized by \_\_\_\_\_