

MISSION GAS COMPANY

APPLICATION FOR EMPLOYMENT

MISSION GAS COMPANY is an equal opportunity employer. As such, employment decisions for applicants and employees are made without regard to race, color, religion, sex, age (if over 40), national origin or disability (if able to perform the essential functions of the job with or without the aid of a reasonable accommodation). If you require assistance in completing this application, please inform the supervisor.

PERSONAL INFORMATION

DATE _____

NAME _____ SOCIAL SECURITY NUMBER: _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP Phone Number

PERMANENT ADDRESS _____
STREET CITY STATE ZIP Phone Number

What was your previous address?	How long at present address? _____ Years
	How long at previous address? _____ Years
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", with what employers?	
State names of relatives and friends working for MISSION GAS COMPANY	

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

WILL YOU WORK OVERTIME IF ASKED? YES NO

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

IF YES, CAN YOU PROVIDE DOCUMENTS TO ESTABLISH YOUR ELIGIBILITY?
(I.E. PASSPORT, DRIVERS LICENSE, SOCIAL SECURITY CARD) YES NO

HAVE YOU BEEN CONVICTED OF , RECEIVED DEFERRED ADJUDICATION IN , OR
PLEAD GUILTY TO A FELONY OFFENSE? YES NO
Conviction or deferred adjudication will not necessarily disqualify an applicant from employment

IF YES, PLEASE EXPLAIN: _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY/PAY DESIRED _____

ARE YOU PRESENTLY EMPLOYED? Yes or No IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER Yes or No

EVER BEEN EMPLOYED BY MISSION GAS COMPANY BEFORE? _____ WHEN? _____

EVER APPLIED TO MISSION GAS COMPANY BEFORE? _____ WHEN? _____

If additional space is needed, please attach extra pages. List all institutions attended.

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
High School/GED				
College				
Trade, Business or Correspondence School				

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE:

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST).

1	Company Name	Telephone ()
	Address (Street/City/State/Zip)	Employed - (State month and year) From To
	Name of Supervisor	Pay Start Last per
	State Job Title and Describe Your Work	Reason for Leaving
2	Company Name	Telephone ()
	Address (Street/City/State/Zip)	Employed - (State month and year) From To
	Name of Supervisor	Pay Start Last per
	State Job Title and Describe Your Work	Reason for Leaving

