

**APPLICATION FOR EMPLOYMENT  
WITH  
LONE STAR ABSTRACT & TITLE CO., INC.**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

DATE OF APPLICATION:			
POSITION(S) APPLIED FOR:			
HOW DID YOU LEARN ABOUT US?			
LAST NAME	FIRST NAME	MIDDLE NAME	
ADDRESS:	CITY	STATE	ZIP
TELEPHONE NUMBER(S):			
SOCIAL SECURITY NUMBER:			
DRIVERS LICENSE NUMBER:			

If you are under 18 years of age, can you provide required proof of you eligibility to work?  YES  NO

Have you ever filed an application with us before?  YES  NO

If yes, give date: \_\_\_\_\_

Have you ever been employed with us before?  YES  NO

If yes, give date: \_\_\_\_\_

Are you currently employed?  YES  NO

May we contact your present employer?  YES  NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (*Proof of citizenship or immigration status will be required upon employment.*)  YES  NO

On what date would you be available for work? \_\_\_\_\_

Please check what you are available to work  Full Time  Part Time  Temporary  After School

Are you currently on "lay-off" status and subject to recall?  YES  NO

Are you available to work over-time (before 8am & after 5pm)  YES  NO

Have you ever had any job-related training in the United States military?  YES  NO

If yes, please describe: \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  YES  NO

Have you ever been convicted of a felony?  YES  NO

If yes, please explain: \_\_\_\_\_

**EDUCATION:**

	GRADE SCHOOL	UNDERGRADUATE	GRADUATE
SCHOOL NAME AND LOCATION			
YEARS COMPLETED			
DIPLOMA/DEGREE			
MAJOR COURSE OF STUDY			
PLEASE DESCRIBE ANY SPECIAL COURSES THAT APPLY TO THE JOB YOU SEEK			
PLEASE DESCRIBE ANY HONORS OR ADDITIONAL EDUCATION INFORMATION YOU WISH FOR US TO CONSIDER			

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

PLEASE LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD:

**REFERENCES:**

PLEASE LEAVE A LIST OF AT LEAST THREE REFERENCES INCLUDING NAME, COMPANY, ADDRESS, PHONE NUMBER ALONG WITH THIS APPLICATION.

**EMPLOYMENT EXPERIENCE:**

**1.**

EMPLOYER:	DATES EMPLOYED FROM:                      TO:		WORK PERFORMED:
ADDRESS:			
TELEPHONE NUMBER:	HOURLY RATE/SALARY STARTING:                      FINAL:		
JOB TITLE:	SUPERVISOR:		
REASON FOR LEAVING			

**2.**

EMPLOYER:	DATES EMPLOYED FROM:                      TO:		WORK PERFORMED:
ADDRESS:			
TELEPHONE NUMBER:	HOURLY RATE/SALARY STARTING:                      FINAL:		
JOB TITLE:	SUPERVISOR:		
REASON FOR LEAVING			

**3.**

EMPLOYER:	DATES EMPLOYED FROM:                      TO:		WORK PERFORMED:
ADDRESS:			
TELEPHONE NUMBER:	HOURLY RATE/SALARY STARTING:                      FINAL:		
JOB TITLE:	SUPERVISOR:		
REASON FOR LEAVING			

**4.**

EMPLOYER:	DATES EMPLOYED FROM:                      TO:		WORK PERFORMED:
ADDRESS:			
TELEPHONE NUMBER:	HOURLY RATE/SALARY STARTING:                      FINAL:		
JOB TITLE:	SUPERVISOR:		
REASON FOR LEAVING			

**VOLUNTARY SURVEY:**

The following survey is voluntary. Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis only. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Ethnic Origin:     Black    White    Hispanic    American Indian    Other \_\_\_\_\_

Check the following if applicable:     Veteran of the Military    Disabled Vet    Handicapped Individual

Marital Status:     Single    Married    Divorced

Children:	Name	Age	Living w/ You
	_____	_____	<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"/> YES <input type="checkbox"/> NO

I certify that answers given in this entire application herein are true and complete to the best of my knowledge. I authorize investigation and confirmation of the information I have provided. In the event of employment, I understand that false information given in this application may result in termination of employment. I also understand that I must abide by the rules and regulations of the employer, and that failure to do so could result in termination of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date