

**THE MEADOWS TEXAS**  
**EMPLOYMENT APPLICATION**

**Employment Applicant Instructions**

**Employment Application**

1. Complete the application including signature and date at bottom.

**Background Check Forms**

“If and only if you are given a job offer, we will be running a background check prior to your start date.” It is a condition of employment and you will be asked to complete background forms. We will not be running a background check unless you are given an offer.

**Turn in both the completed application and your resume to Human Resources.**

**Fax – 928-684-4012**





\_\_\_\_\_

DUTIES

\_\_\_\_\_

SALARY                      PER                      REASON FOR LEAVING  
(HOUR, MONTH, YEAR)

**PREVIOUS EMPLOYER (3)**

\_\_\_\_\_

COMPANY NAME                      CITY                      STATE

\_\_\_\_\_

PHONE NUMBER                      FAX NUMBER

\_\_\_\_\_

FROM                      TO                      JOB TITLE                      SUPERVISOR NAME  
DATES EMPLOYED

\_\_\_\_\_

DUTIES

\_\_\_\_\_

SALARY                      PER                      REASON FOR LEAVING  
(HOUR, MONTH, YEAR)

**REFERENCES**                      Include only individuals familiar with your work ability. Do not include relatives.

**NAME**                      **ADDRESS/PHONE**                      **YEARS KNOWN/RELATIONSHIP**

1.		
2.		

**EDUCATION**                      Please circle highest grade completed.                      7   8   9   10   11   12   13   14   15   16+

If your school records are under a different name than listed on page 1, please enter that name \_\_\_\_\_

NAME	CITY/STATE	DEGREE?
High School		
College		
Other		

**CERTIFICATION AND RELEASE**    I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, people, schools, companies and law enforcement authorities to provide verification of this information and I release them from any liability for any damage whatsoever for issuing this information. I also understand that I am required to abide by all rules and regulations of the employer.

SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_