



EMPLOYMENT APPLICATION

DIRECTIONS

- Type or print, using black ink or marker
- Sign the completed application and return to :
13215 Grant Road Suite 1000 Cypress, TX 77429
or fax to: 281-370-4386

WTE is an affirmative action/equal opportunity employer

Questions? Call 281-370-7546.

General

NAME (LAST) (FIRST) (MIDDLE)		SOCIAL SECURITY NO.	DATE OF APPLICATION
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		PHONE NO. - DAY ()	PHONE NO. - EVENING ()
ADDRESS WHERE YOU MAY BE CONTACTED IF DIFFERENT FROM PRESENT ADDRESS		ALTERNATE PHONE NO. ()	BIRTHDATE, IF UNDER 18
IF HIRED, CAN YOU PROVIDE PROOF OF CITIZENSHIP OR LEGAL RIGHT TO WORK?		YES	NO
<p>HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS? _____ IF SO, PLEASE EXPLAIN. A CRIMINAL CONVICTION WILL BE CONSIDERED ONLY IN RELATION TO THE JOB FOR WHICH YOU ARE APPLYING. SERIOUSNESS AND NATURE OF THE OFFENSE, TIME ELAPSED, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT.</p>			

Position

TYPE OF POSITION APPLYING FOR		SOURCE OF REFERRAL	
DATE AVAILABLE	POSITION DESIRED <input type="checkbox"/> FULL-TIME REGULAR <input type="checkbox"/> PART-TIME REGULAR <input type="checkbox"/> TEMPORARY	SPECIFY ANTICIPATED PERIOD OF WORK AND/OR NUMBER OF HOURS PER DAY	SALARY EXPECTED \$

Please note that the Employment Record, Education & Training and References sections do not need to be completed if an Attached resume provides all of the specific requested information. If there is information requested that is not on your Resume, please be sure to provide that information in order to ensure your application materials will be considered.

Employment Record List most recent employment first

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? YES NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE			PHONE ()	
POSITION DESCRIPTION				

Employment Record Continued

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? YES NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ()
POSITION DESCRIPTION				
START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? YES NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ()
POSITION DESCRIPTION				

Education & Training

COLLEGE , UNIVERSITY OR TECHNICAL SCHOOL	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	<u>NAME OF SCHOOL</u> <u>CITY & STATE</u>
COLLEGE , UNIVERSITY OR TECHNICAL SCHOOL	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	<u>NAME OF SCHOOL</u> <u>CITY & STATE</u>
HIGH SCHOOL LAST ATTENDED	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	<u>NAME OF SCHOOL</u> <u>CITY & STATE</u>
OTHER	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	<u>NAME OF SCHOOL</u> <u>CITY & STATE</u>
LIST LICENSES, FOREIGN LANGUAGES, COMPUTER, WORD PROCESSING, OFFICE EQUIPMENT, TYPING, OR OTHER SKILLS & TRAINING YOU CONSIDER RELEVANT TO EMPLOYMENT			
LANGUAGE ABILITY--LIST THOSE YOU COULD USE IN YOUR WORK			
ENGLISH <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	OTHER <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	OTHER <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	
PROFESSIONAL ORGANIZATIONS, ASSOCIATIONS, HONORS, CERTIFICATIONS, PROFESSIONAL LICENSES AND PUBLICATIONS YOU CONSIDER SIGNIFICANT. PLEASE INDICATE THE PROFESSIONAL LICENSE NUMBER AND STATE OF ISSUANCE			

3

References

List 3 persons, other than relatives or friends, who have knowledge of your work experience and/or education

NAME/TITLE	MAILING ADDRESS	PHONE

Authorization

Application must be signed prior to submitting

Waiting to Exhale does not condone, permit or accept the sale, use or possession of drugs or alcohol while on company property. All employees will be expected to adhere to this requirement without exception. Waiting to Exhale is committed to a safe and healthful environment for all employees all of the time. We will not have anyone on company property under the influence of drugs or alcohol that will jeopardize our commitment to this policy. In applying for a position with Waiting to Exhale you understand that you may be asked to submit a urine test to determine drug and alcohol use. This test may be part of a pre-employment screening process. You further understand that if employed by Waiting to Exhale we reserve the right to test for drugs and alcohol when circumstances warrant. This may be in the area of work related injuries.

By submitting this application, I certify that the information I have provided is true and correct to the best of my knowledge, and that no attempt has been made to conceal information. I authorize my former employers and schools to provide any information, as necessary regarding me. I understand that if any information given by me is found to be false or misleading that I will be subject to dismissal at any time during the term of my employment. I agree to hold Waiting to Exhale blameless in that event. If employment is obtained under this application, I will comply with all rules and regulations of the company. I agree to be responsible for company property and equipment issued me by the company. I agree to submit to a physical examination, if required by the company.

Signature _____ **Date** _____

NO PERSON SHALL BE DENIED EMPLOYMENT ON THE BASIS OF RACE, COLOR, ETHNICITY, NATIONAL ORIGIN, SEX/GENDER, SEXUAL ORIENTATION, RELIGION, CREED, DISABILITY (INCLUDING HIV STATUS, AGE, VETERAN STATUS, MARITAL STATUS OR EX-OFFENDER STATUS).