



# Dallas Services

## Employment Application

**PLEASE PRINT ALL INFORMATION  
PERSONAL INFORMATION**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
ID/ Driver's License #/State

\_\_\_\_ Yes \_\_\_\_ No  
Are you 18 years or older?

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

(\_\_\_\_) \_\_\_\_\_  
Home Telephone

(\_\_\_\_) \_\_\_\_\_  
Cell Phone

(\_\_\_\_) \_\_\_\_\_  
Other Phone

\_\_\_\_\_  
Email Address

Are you a citizen of the United States? \_\_\_\_ Yes \_\_\_\_ No

If no, are you legally permitted to work in the United States? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of or received deferred adjudication for any criminal offense, other than minor traffic violations? \_\_\_\_ Yes \_\_\_\_ No. If yes, please explain (a conviction will not necessarily disqualify you from employment): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DESIRED EMPLOYMENT

Position Applying For: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

Preferred Age Group: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

This position requires the ability to lift 50 lbs. Are you capable of this? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_ Yes \_\_\_\_ No  
Are you employed now?

\_\_\_\_ Yes \_\_\_\_ No  
If so, may we contact your present employer?

How did you hear about us?  Employment Agency  Newspaper Advertising  
 Friend  Walk in  Other (explain) \_\_\_\_\_

Are you related to anyone currently working for Dallas Services?  Yes  No  
 If so, who and your relationship \_\_\_\_\_

**EDUCATION**

School Level	Name and Location	Highest Grade Completed	Degree Received	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				

Do you have a copy of your transcript(s), diploma(s) or degree(s)?  Yes  No

Subjects of Special Study or Experience \_\_\_\_\_

Special Training \_\_\_\_\_

Special Skills \_\_\_\_\_

Do you have a  First Aid Certificate  CPR Certificate  TB Test within last 2 yrs.

**WORK EXPERIENCE**

Name of Present or Last Employer			
Address		City, State Zip	
Starting Date	Leaving Date	Job Title	
Weekly Starting Salary	Weekly Final Salary	May we contact your supervisor?	
Name of Supervisor	Supervisor's Title	Phone	
Description of work			
Reason for leaving			

Name of Previous Employer		
Address		City, State Zip
Starting Date	Leaving Date	Job Title
Weekly Starting Salary	Weekly Final Salary	May we contact your supervisor?
Name of Supervisor	Supervisor's Title	Phone
Description of work		
Reason for leaving		

Name of Previous Employer		
Address		City, State Zip
Starting Date	Leaving Date	Job Title
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