

Texas Boll Weevil Eradication Foundation, Inc.

Employment Application

P.O. Box 5089
Abilene, TX 79608-5089

325- 672-2800
Fax: 325-672-5034

General Information

What position(s) are you applying for? Give title and announcement number (if any).

Name (Last, First, Middle)

Social Security Number:

Mailing Address

City

State

Zip Code

Home Phone

Were you ever employed by the TBWEF? _____
If yes, job title: _____
Duties: _____
Location: _____
Dates of employment: _____

Please list any relatives that work or have worked for the Foundation.

Work or Message Phone

Are you eligible to work in the United States? Upon hire you must show documents that establish identity and employment eligibility. Yes No

All employment opportunities with TBWEF may require driving a foundation vehicle. Employment with the TBWEF requires a valid driver's license and fleet insurability according to Foundation guidelines. You will be required to provide your driver's license information to the Foundation.

Our insurance carrier requires our drivers to be at least 18 years old. Are you over 18 years? Yes No

How did you hear about employment with the TBWEF?

Availability

When can you start work?
(Month/Year)

What is the **lowest** pay you will accept?

In what district office(s) are you willing to work?

Are you willing to work:	Yes	No
40 hours per week?		
25-32 hours per week?		
17-24 hours per week?		
16 or fewer hours per week?		
On Call or Seasonal?		
Weekends?		
Overtime, if required?		
5 to 12 months?		

Are you willing to take a temporary job: Yes No

1 to 4 months?		
Less than 1 month?		

Are you willing to travel away from home:

1 to 5 nights each month?		
6 to 10 nights each month?		
11 or more nights each month?		

Print Name: _____ Date: _____

List each of your employers for the past 10 years, starting with your last employer. Fill in as much information as you can. If you need more space, use a plain sheet of paper. If resume is attached, you must also complete the information below.

Work Experience				
Employer/Company Phone	Address of Company City, State, Zip	Length of Employment Mth/Yr to Mth/Yr	Your Position Title Supervisor Name	Reason for Leaving
1.				
2.				
3.				
4.				

Education	
School Name and Location	Highest Grade/Degree Completed
Completed Degree	

Qualifications/Abilities that you feel would help perform the job you are applying for:
Computer skills/training
Agriculture experience

I authorize the TBWEF to obtain information about me from my previous employers, schools, motor vehicle sources. I authorize my previous employers, schools that I have attended, motor vehicle department to disclose to TBWEF such information as the TBWEF may request. I also verify that the statements I have made in this application are true and complete. I understand that if I am hired, any false or incomplete statement in this application will be grounds for immediate discharge. I acknowledge that if hired, I will be an at will employee. I will be subject to dismissal or discipline without notice or cause at the discretion of the employer. I understand that the TBWEF is a drug free workplace and I may be subject to drug testing according to policy.

Signature of Applicant	Date
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