



SandBox

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

INTERNAL USE ONLY

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone _____ Drivers License No. _____

If under 18, please list age _____ Date of birth (MM/DD/YYYY) _____

Position applied for (1) _____
and salary desired (2) _____
(Be specific)

Days/hours available to work
No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights and/or weekends? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? No Yes

If yes, please explain. _____

A conviction will not necessarily disqualify you from the job which you have applied.

Is there any information we would need about your name or use of another name for us to be able to verify your work record or personal information? Yes No

If yes, please list all aliases: _____



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DO YOU HAVE A DRIVER'S LICENSE? Yes No

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

OFFICE APPLICANTS ONLY

Typing Yes No _____ WPM

10-key Yes No

Personal Computer Yes No PC Mac

Other _____ Skills _____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone _____

Telephone _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.



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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? [] Yes [] No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? [] Yes [] No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your current employer? Yes No

Did you complete this application yourself Yes No If not, who did? _____

Emergency Contact Name and Relation _____ Emergency Contact Phone Number _____



AGREEMENT

(PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with SANDBOX creates an actual or implied contract of employment. I understand that, if I accept employment with SANDBOX, it will be on an at-will basis. This means that either SANDBOX or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, and an examination by a medical professional chosen by the SandBox™, if requested by the company. I release SANDBOX, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize SandBox™ to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release SANDBOX and its employees from all liability arising from such investigation.

I consent to SANDBOX obtaining a Workers' Compensation Previous History Report from the Texas Workers' Compensation Board or from another qualified agency, which provides this information. This will include information about any claims I may have filed on Workers' Compensation Insurance.

Signature of applicant _____ Date: _____

SANDBOX is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with SANDBOX depends solely on your qualifications.