



Texas Boll Weevil Eradication Foundation, Inc.

Employment Application

PO Box 5089
 Abilene, TX 79608-5089
To Be Completed in Ink

Phone (325) 672-2800
 Fax: (325) 677-1006

General Information				
What positions are you applying for? Give title and announcement # (if any).			In what district offices are you willing to work?	
Full Name (First, Middle Initial, Last)				Social Security Number (optional)
Mailing Address			Phone #	Work or Cell #
City	State	Zip Code	Best time to reach you	
List the name of any and all relatives, including common law relations, who work or have worked for the Foundation. For each person named, provide the type of relation (spouse, child, cousin, etc.)				

Eligibility Requirements	
<p>Only US citizens or aliens who are legally entitled to work in the US are eligible for employment. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the US?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Employment opportunities with TBWEF may require that you drive a Foundation vehicle. Consequently, you must have a valid driver's license and be insurable according to Foundation guidelines. To be eligible for employment, you will be required to provide your driver's license information.</p> <p>Our insurance carrier requires Foundation drivers to be at least 18 years old. Are you 18 or older?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Availability		
<p>When can you start work?</p> <p style="text-align: center;">____ / ____ / ____ <small>(month) (day) (year)</small></p>	<p>What is the lowest pay you will accept?</p>	<p>Are you willing to accept a seasonal/temporary job that will last an indeterminate length of time?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you willing to work more than 40 hours a week and on weekends on a regular basis?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Are you willing to work a schedule that varies from week to week depending on the weather?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Are you willing to travel and/or spend nights away from home on occasion?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Texas Boll Weevil Eradication Foundation Work Experience				
Job Title	District Office	Supervisor	Dates of Employment	Reason for leaving
1.				
2.				
3.				

Texas Boll Weevil Eradication Foundation, Inc., is an equal opportunity employer dedicated to a policy of compliance with all federal, state and local laws regarding nondiscrimination in employment.

Consistent with the requirements of the Americans with Disabilities Act (ADA), applicants may request accommodations needed to participate in the application process.

Applicant's Name _____

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 still complete the information below.

Work Experience Other than Texas Boll Weevil Eradication Foundation, Inc.				
Employer/Company Phone	Address of Company City, State, Zip	Length of Employment Month/Yr to Month/Yr	Your Position Title and Supervisor Name	Reason for Leaving
1.				
2.				
3.				
4.				

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

Abilities/Experience
Computer skills/training
Agriculture experience

Applicant's Signature
<p>PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED</p>
<ol style="list-style-type: none"> 1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete. I also understand that any misstatement, falsification or omission of information may be grounds for refusal to hire or, if hired, termination. 2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S. 3. I authorize any of the persons, schools or organizations referenced in this application and the motor vehicle department to disclose to TBWEF any and all information concerning my previous employment, education or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I hereby release all such parties from any and all liability from damages which may result from furnishing such information to TBWEF and hold TBWEF harmless from any and all liability resulting from the inquiry. 4. I understand that this application is subject to the Texas Open Records Act and could be subject to disclosure to third parties. 5. I acknowledge that if hired, I will be an at-will employee. I will be subject to dismissal or discipline with or without notice or cause at the discretion of TBWEF. 6. I understand that TBWEF is a drug-free workplace, and I may be subject to drug testing according to policy.
<p>AN UNSIGNED EMPLOYMENT APPLICATION WILL NOT BE CONSIDERED</p>
<p>_____</p> <p>Applicant's Signature</p>
<p>_____</p> <p>Date</p>