

#### Palmer Feed, Inc.

# **Employment Application Form** 1318 N. Chadbourne, San Angelo TX 76904



Phone: 325-653-6765 Fax: 325-659-0957

**PLEASE PRINT ALL** INFORMATION REQUESTED **EXCEPT SIGNATURE** 

PLEASE COMPLETE	PLEASE COMPLETE PAGES 1-4.		DATE			
Name						
Last		First	Middle		Maiden	
Present address	Number					
Have land		Street	City State	·		
How long		50	ciai Security No.			
Telephone ()						
f under 18, please list a	age					
Position applied for (1)			-	ailable to work		
				Thur Fri		
(Be specific)			Tue	Sat		
			vved	Sun		
How many hours can yo	ou work weekly?		_Can you work	nights?		
Employment desired	FULL-TIME ONLY	PART-TIME O	NLY FU	LL- OR PART-TI	ME	
When available for work	k?					
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NIIMRE	R OF YEARS	MAJOR &	
THE OF SCHOOL	NAME OF SCHOOL	(Complete mailing		PLETED	DEGREE	
High School		address)				
ingii concoi						
College						
College Bus. or Trade School						
Bus. or Trade School						

### PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

DO YOU HAVE A DRIVER'S LICENSE? Yes _	_No					
What is your means of transportation to work?						
Driver's license numberState of Expiration date	issue		OperatorCommercial (CDL)Chauffeur			
Have you had any accidents during the past three ye		How many?				
Have you had any moving violations during the past	ny moving violations during the past three years?		How Many?			
	OFFIC	E ONLY				
Yes TypingNoWPM  PersonalYesPC	10-key	Other _	WordYes ProcessingNoWPM			
ComputerNoMac		Skills				
Please list two references other than relatives or prev	vious empl	oyers.				
Name		Name _				
Position						
Company		Compan	У			
Address		Address				
Telephone ()		Telephor	ne <u>( )</u>			
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.						

#### PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

MILI						
I MILI						
	TARY					
HAVE YOU EVER BEEN IN THE ARMED FORCES?	YesNo					
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	YesNo					
SpecialtyDate Er	ntered	Discharge Date				
Work Please list your work experience for the past five years beginning with your most recent job held.  Experience If you were self-employed, give firm name. Attach additional sheets if necessary.						
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
City, State, Zip Code Phone number	Supervisor	From	Start			
Thore number		То	Final			
	Your last job title					
Reason for leaving (be specific)	· · · · ·					
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
Address City, State, Zip Code		Employment dates	Pay or salary Start			
Address			. ,			
Address City, State, Zip Code		From	Start			
Address City, State, Zip Code	supervisor	From	Start			

## PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Work experience Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.						
Name of employer Address			Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code Phone number				From	Start	
				То	Final	
			Your last job title			
Reason for leav	ing (be specific)					
List the jobs you company.	u held, duties performed, sk	ills used or learned,	advancements or pro	omotions while you wo	rked at this	
Name of employ Address			Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Phone number	Code			From	Start	
				То	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.						
May we contact your present employer? YesNo  Did you complete this application yourself YesNo						
	If not who did?					