



EMPLOYMENT APPLICATION

Chase Pecan LP is an equal opportunity employer and does not discriminate against qualified applicants or employees on account of race, color, sex, age, national origin, religion, sexual orientation, physical or mental disability or other protected categories under state and federal laws, regulations and local ordinances.

Please complete all questions on this application form. You may supplement the application with a resume, but all questions on this application must be answered for you to be considered for employment by Chase Pecan LP.

PERSONAL INFORMATION

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Work Telephone ()
Have you ever previously applied with or been employed by Chase Pecan LP? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If applied:</i> When _____ Where _____ <i>If employed:</i> Dates of Employment _____ Where _____ Reason for leaving: <input type="checkbox"/> resigned with notice, <input type="checkbox"/> quit without notice, <input type="checkbox"/> counseled to resign, <input type="checkbox"/> terminated, <input type="checkbox"/> position eliminated, <input type="checkbox"/> other (specify): _____			Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Sought _____ Date Available to Start _____ Desired Pay _____			
What is your availability for work? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Other _____			

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree/Diploma	Major(s)/Minor(s)
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/ University				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate/ Professional				<input type="checkbox"/> Yes <input type="checkbox"/> No		

CERTIFICATIONS/LICENSES

List all certifications or licenses held: _____ _____
Has any certification or license ever been denied, curtailed, suspended, revoked or subject to an investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, provide details on action taken, dates and circumstances: _____ _____

EMPLOYMENT

Provide complete information on all employment (full-time and part-time) during the **past 10 years or 5 employers**, whichever is greater. Begin with your current or most recent employment. Include full-time, part-time and temporary employment. Explain all gaps in your employment history. Use additional sheets if necessary.

