



Employment Application  
For the Position of \_\_\_\_\_

*Zero tolerance Drug Policy: You must pass a drug test as condition for employment  
(Please complete all sections of this application. Enter "N/A" in those sections which do not apply.)*

**Personal Information**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street / P.O. Box \_\_\_\_\_  
City State Zip

*Please list telephone and fax numbers where you may be contacted.*

Home Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Office Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Are you either a citizen of the United States or do you have legal right to accept employment in the United States?

Yes  No

Have you ever been convicted of any crimes other than minor traffic violation?

Yes  No

If yes, explain fully: \_\_\_\_\_

Availability:  Full Time  Part Time →  Day  Night  Overtime  
Date Available for Employment \_\_\_\_\_

**References**

Business and/or Professional References: *(Please list current supervisor in space 1. If you wish to be notified before this supervisor is contacted, check the box.)*

Name	Address	Telephone Number	<input type="checkbox"/>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Professional Experience**

Employment History: In the following section list your experience, **beginning with your present or most recent position**. Describe each position separately, emphasizing your professional duties. Give special attention to experience relating to the position for which you are applying. Attach additional sheets if necessary. If volunteer experiences are pertinent to your application, include them here; indicate "unpaid" for salary.

Position Title/Rank: \_\_\_\_\_ Start Date: \_\_\_\_\_ / \_\_\_\_\_ End Date: \_\_\_\_\_ / \_\_\_\_\_  
Mth Yr Mth Yr

Employer: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Type of Organization: \_\_\_\_\_ How many people did you regularly supervise? \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Final Hourly Salary: \_\_\_\_\_

Check all that apply:  Full Time  Part Time \_\_\_\_\_ %Time  Permanent  Temporary  
.....

Position Title/Rank: \_\_\_\_\_ Start Date: \_\_\_\_\_ / \_\_\_\_\_ End Date: \_\_\_\_\_ / \_\_\_\_\_  
Mth Yr Mth Yr

Employer: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Type of Organization: \_\_\_\_\_ How many people did you regularly supervise? \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Final Hourly Salary: \_\_\_\_\_

Check all that apply:  Full Time  Part Time \_\_\_\_\_ %Time  Permanent  Temporary  
.....

Position Title/Rank: \_\_\_\_\_ Start Date: \_\_\_\_\_ / \_\_\_\_\_ End Date: \_\_\_\_\_ / \_\_\_\_\_  
Mth Yr Mth Yr

Employer: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Type of Organization: \_\_\_\_\_ How many people did you regularly supervise? \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Final Hourly Salary: \_\_\_\_\_

Check all that apply:  Full Time  Part Time \_\_\_\_\_ %Time  Permanent  Temporary  
.....

***Educational Background***

Highest Degree Earned: \_\_\_\_\_

Doctorate      Major fields of study: \_\_\_\_\_  
Minor fields of study: \_\_\_\_\_

Masters      Major fields of study: \_\_\_\_\_  
Minor fields of study: \_\_\_\_\_

Bachelors      Major fields of study: \_\_\_\_\_  
Minor fields of study: \_\_\_\_\_

Associates      Major fields of study: \_\_\_\_\_  
Minor fields of study: \_\_\_\_\_

Technology or Vocational Colleges and Universities Attended: *(Please list highest degree first or equivalent professional training or study)*

Institution	Degree Conferred or No. of Years Attended
_____	_____
_____	_____
_____	_____

Additional Training Relevant to Position Sought:

Program	Institution	Dates Attended
_____	_____	_____
_____	_____	_____

Certification and/or Licenses Held Within the Last 10 Years:

Certificate or License	Granted by	Date Issued	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

Professional, Vocational or Personal Areas of Interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all information contained in this application and in the supplementary material filed with it is true and accurate. I understand that any false statements will cause me to be disqualified and/or dismissed. I authorize Bradleys' Inc. to contact present or former employers, to verify any information pertaining to this application and to obtain relevant records, and further, I release from liability any persons or organizations furnishing such information.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Your Name



600 East Highway 35, Gregory, TX. 78359 P.O. Box 308 Phone: 361-643-0100 Fax: 361-643-9160

In connection with my application for employment at Bradley's Inc. hereafter "employer," I hereby authorize the employer to conduct a background investigation pursuant to the Fair Credit Reporting Act and in accordance with the provisions of which may include, but not be limited to, a Social Security Number verification and Criminal Conviction verification.

I am aware that I have the right under the Fair Credit Reporting Act to request from the vendor performing the background check, the nature and scope of any report they have prepared in conjunction with the verifications conducted related to my application of employment, I authorize and request all courts and law enforcement agencies to release such information without restriction on qualification.

I hereby release Bradley's Inc., their respective officers, employees and agents, from any liability and responsibility arising from preparation of the above described background check, investigation or report, and any resulting outcome or consequences, as well as any liability and responsibility arising from obtaining, reviewing, discussing any information gathered in connection with a review of my application, and any resulting consequences.

\_\_\_\_\_  
Name (Last, First, MI.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Phone Number

Yes  No

Do you currently reside in Texas?

If yes, for how long? \_\_\_\_\_  
(Years)

\_\_\_\_\_  
(Months)

If you do not currently reside in Texas, or have resided here for less than ten years, please list your addresses, states, counties, and periods of residency for the past ten years

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date