



# Application for Employment

**Please read before completing this application:**

Pharr Yarns, LLC does not discriminate in hiring or employment based on the applicants' status as protected veterans or individuals with disabilities, and prohibits discrimination against all individuals based on their race, color, religion, age, gender, gender identity, sexual orientation, or national origin. No question on the application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. Pharr Yarns, LLC intends to check and hold you responsible for the accuracy of the statements you make on this application. This application will receive consideration for **thirty (30) days**. If you have not heard from us within thirty days and wish to receive further consideration for employment, it will be necessary for you to reactivate your application for another thirty days.

## Personal Data

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Number \_\_\_\_\_ Are you 17 years or older?  Yes  No

Email address \_\_\_\_\_

Have you ever pled guilty or been convicted of a crime other than a minor traffic violation? Do not include sealed and expunged convictions.  Yes  No

If yes, explain \_\_\_\_\_  
*(A "yes" answer to this question does not necessarily preclude consideration for employment)*

## Educational Data

Circle Highest Grade Completed:

1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	1	2	3	4
Grade, Junior High or High School												College or University					Graduate School			
Type of School	Name of School	Location	Major Subject or Course of Study	Did You Graduate?																
High School																				
College																				
Business or Trade School																				
Correspondence School																				
Other (Specify)																				
Graduate School																				

List Degree(s) Obtained \_\_\_\_\_

# Employment

Job applying for: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Have you ever applied here before? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever worked for this Company before? \_\_\_\_\_ When? \_\_\_\_\_

If yes, give the name(s) if different from the one given on this application \_\_\_\_\_

When could you report for work? \_\_\_\_\_

Indicate Shift Availability (Please check all that you are available to work)

1<sup>st</sup> Shift  
  2<sup>nd</sup> Shift  
  3<sup>rd</sup> Shift  
  12 Hours (Day)  
  12 Hours (Night)  
  Part time  
  Part time, weekends only

# Work History

Are you currently covered by a non-compete agreement with any former employer?    Yes    No

If yes, identify employer \_\_\_\_\_

From (mo./yr.)	Company	Telephone AREA (   )	Starting Salary \$ _____ per
To (mo./yr.)	Address                      City	State                      Zip	Final Salary \$ _____ per
Supervisor's Name/Title		Type of Business	If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone AREA (   )	Starting Salary \$ _____ per
To (mo./yr.)	Address                      City	State                      Zip	Final Salary \$ _____ per
Supervisor's Name/Title		Type of Business	If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone AREA (   )	Starting Salary \$ _____ per
To (mo./yr.)	Address                      City	State                      Zip	Final Salary \$ _____ per
Supervisor's Name/Title		Type of Business	If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

## Military

Branch of Service: \_\_\_\_\_

Duties in the service, including schools and training: \_\_\_\_\_

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## Special Skills

What knowledge, special technical or computer skills, and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate and/or any software applications in which you are proficient. \_\_\_\_\_

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List any first aid or emergency response training for which you are currently certified (give date of certification). \_\_\_\_\_

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## Professional References

Give three references who are not relatives or former employers who can discuss work history.

Name	Occupation	Years Known	Phone	Address

# Affidavit

I authorize, without liability, investigation of all statements in this application.

I authorize all schools which I attended and all previous employers to furnish to Pharr Yarns, LLC my record, reason for leaving and all information they may have concerning me, and hereby release them and Pharr Yarns, LLC from all liability for any damage whatsoever arising therefrom.

I authorize my neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish Pharr Yarns, LLC with information used in connection with the evaluation of my qualifications as a prospective employee. I release such persons and organizations from any legal liability in making such statements.

I understand that in the event of my employment by Pharr Yarns, LLC it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by Pharr Yarns, LLC, I agree to abide by all present and subsequently issued rules of the Company.

If hired, in consideration of my employment, I agree to comply with the policies, standards, and business ethics of Pharr Yarns, LLC. I understand that my employment is at will and may be terminated by me or the company at any time without additional consideration or notice. I understand that no representative of Pharr Yarns, LLC (except the Chief Executive Officer) has the authority to commit to any definite term of employment or alter the at-will employment agreement, and any such agreement must be in writing.

I understand that Pharr Yarns LLC is compliant with the Drug Free Workplace Act.

Signature \_\_\_\_\_ Date \_\_\_\_\_