



THE AMEND GROUP

Application for Employment

Equal Opportunity Employer/Smoke-Free/Drug-Free Workplace

1445 Ross Avenue, Suite 5300
Dallas, Texas 75202
214/696-6900, Fax: 214/696-0037

PERSONAL

Last Name	First Name	Middle Initial	Nick Name	
If your former employment, references, education or military service is under a name other than stated above, please indicate (Last, First, Initial)				
<u>Present Address</u>				
Street	City	County	State	Zip
<u>Permanent Address</u>				
Street	City	County	State	Zip
Day Telephone (with Area Code)		Evening Telephone (with Area Code)		
<u>Previous Address</u>				
Street	City	County	State	Zip
Social Security Number	Are you over 16 years of age?		YES	NO (If no, then proof will be required.)
Have you ever been employed by Amend Companies, LP, or any affiliated Company?			YES	NO
			If YES, where and when?	
Are you legally allowed to work in the United States?			YES	NO
How were you referred to us?	Newspaper Ad	Walk-In	Web Site	Friend
Other (please explain):				
Have you ever been convicted of a felony?			NO	YES
			If YES, please explain:	
A conviction does not automatically mean that you will not be offered a job. The conviction, the circumstances surrounding the conviction and how long ago the conviction occurred are important. Give us all of the facts so that a fair decision can be made.				
Do you have any friends or relatives employed by Amend Companies, LP?			NO	YES
			Please identify:	

POSITION

Position(s) for which you are applying:	Date available for employment:	Salary Expected:
		\$
Applying for:	Are you willing to work weekends?	YES NO
Full Time Part Time Temporary	Are you willing to be on-call?	YES NO
Will you work overtime when necessary?	YES NO	
	If NO, please explain restrictions:	
Is there any reason why you would be unable to work the hours you have listed?	NO YES	
	If YES, explain:	
Do you have access to reliable transportation?	YES NO	

WORK HISTORY

Even if you have a resume, please list your employment history, starting with your most current employer or occupation. Please include any job-related military service assignments and volunteer activities. Please include an explanation of any gaps in employment. If you do not wish your present employer to be contacted, please indicate by checking here.

Employer (Present or Last)		Job Title	
Dates of Employment		Position(s) Held	
From	To	Salary	Other Compensation
		Start \$	Final \$ (bonus, commission)
Immediate Supervisor Name		May We Contact?	Phone No
		Yes/No	
Brief Description of Your Duties			
Reason for Leaving:			

Employer		Job Title	
Dates of Employment		Position(s) Held	
From	To	Salary	Other Compensation
		Start \$	Final \$ (bonus, commission)
Immediate Supervisor Name		May We Contact?	Phone No
		Yes/No	
Brief Description of Your Duties			
Reason for Leaving:			

Employer		Job Title	
Dates of Employment		Position(s) Held	
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		Start \$	Final \$ (bonus, commission)
Immediate Supervisor Name		May We Contact?	Phone No
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Immediate Supervisor Name		May We Contact?	Phone No
		Yes/No	
Brief Description of Your Duties			
Reason for Leaving:			

Employer		Job Title	
Dates of Employment		Position(s) Held	
From	To	Salary	Other Compensation
		Start \$	Final \$ (bonus, commission)
Immediate Supervisor Name		May We Contact?	Phone No
		Yes/No	
Brief Description of Your Duties			
Reason for Leaving:			

REFERENCES		
<i>Please list five (5) references other than family or employers:</i>		
Name	Relationship	Day Phone No
1		
2		
3		
4		
5		

Information

We sincerely appreciate your interest in Amend Companies, LP and assure you that we are deeply interested in your qualifications and job goals. A clear understanding of your background and work history will aid us in evaluating you for the position that best meets your qualifications and future aspirations. We are an Equal Opportunity Employer (EOE) and, as such, do not discriminate in hiring or promotion, nor in terms or conditions of employment, due to race, creed, religion, color, sex, age, national origin, ancestry, marital status, eligibility for military service, veteran status, or handicap. Should you at any time (either pre-employment or during employment) have reason to believe that anyone in our organization has acted contrary to our EOE policy, you are requested to report the same directly to our Director of Human Resources.

Agreement, Disclosure and Release

I verify that the statements I have made in this Application are true and complete. I understand that if I am hired, any false or incomplete statements in this Application or other application materials will be grounds for immediate discharge.

Upon making this application for employment, I acknowledge that I have given Amend Companies, LP the right to make a thorough investigation of my past employment, education, and background without liability, and understand that any false answer, statement or implication made by me in my employment application or at any job interview, shall be considered grounds for my immediate discharge. I authorize any of the persons or organizations referenced in this Application to give Amend Companies, LP 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 and I release all such parties from all liability from any damages which may result for furnishing such information to Amend Companies, LP.

I understand that if hired, continued employment is subject to my providing proof of work eligibility, as required by United States law, and my completion, satisfactory to Amend Companies, LP, of any and all pre-employment tests and procedures Amend Companies, LP decides to use, including but not limited to drug testing.

I hereby understand and acknowledge that any employment relationship with Amend Companies, LP is of an at will nature, which means that I may resign at any time and Amend Companies, LP may discharge me at any time with or without cause. I further understand that no manager or representative of Amend Companies, LP other than the Chief Executive Officer, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, either prior to commencement of employment or after I have become employed. I acknowledge that no other representations concerning the terms or nature of my employment have been made to, or relied on, by me.

I understand that this Application will be considered active for no more than three months and after that time it may be necessary to reapply in order to be considered for employment.

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report* may be made in connection with your application for employment.

If you are denied employment, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such report. You will also receive a copy of the report and a statement of your consumer rights.

By signing below you consent to the procurement of a consumer report in connection with your application for employment and/or continued employment.

Applicant's Signature _____ Date ____ / ____ / ____
Printed Name _____
Other Last Names _____
Social Security Number _____ Date of Birth* ____ / ____ / ____

* for consumer report purposes only. A consumer report may consist of employment records, educational verification, licensure verification, driving history, previous addresses, and other public records relative to criminal charges. A credit report will not be requested unless it is deemed pertinent to the functions of the position for which you are applying.

**Employment Applicant
Voluntary Self-Identification
Equal Opportunity Employment Data**

It is Amend Companies, LP's policy to provide equal employment opportunity to all persons regardless of their race, sex, color, religion, national origin, age, physical or mental handicap, or veteran status. Your assistance in voluntarily completing this form will provide the information needed for us to comply with federal record keeping and reporting requirements.

Application for What Position?

Social Security Number

Name

Date

If you choose not to answer any of the following questions, you will not be subject to adverse treatment. However, if you choose not to "Self-Identify," we are required under Federal Regulations to maintain race, sex and disability information on the basis of visual observation or personal knowledge. If you do not wish to furnish this information, please sign below.

Please check the appropriate box in each of the following sections.

SEX	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE			
RACE	<input type="checkbox"/> WHITE (Caucasian)	<input type="checkbox"/> HISPANIC / SPANISH SURNAME			
	<input type="checkbox"/> BLACK	<input type="checkbox"/> ASIAN / ASIAN AMERICAN / PACIFIC ISLANDER			
	<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE				
DISABLED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DISABLED VETERAN	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Disabled Applicants

If your disability might affect your ability to perform the duties of this position, please explain these limitations on the back and suggest special equipment or physical environment accommodations which may be needed for you to perform the job properly and safely.

Vietnam Era Veteran

- YES, I served honorably on active duty for more than 180 days, continuously, between August 5, 1964, and May 7, 1975.
- NO
- I do not wish to furnish the above information:

Signature

Date

Applicant, please do not write in this area:

Notes/References:

Comments:

FOR HUMAN RESOURCES USE ONLY

- References Checked and Dates
- License(s) Verified By Whom? _____ License #: _____
Expiration Date _____
- Credit Checked (attach report)
- Criminal Background Check (attach report)

RECOMMENDED ACTION(S)

- Recommend Employment
- Check References and Refer Again
- Referred To _____
- Hold for Future Opening
- Not Qualified for Opening

Social Security Number: _____
Position/Title: _____
Dept. Name/Code: _____
Start Date: _____

I-9 Form Completed Yes
 No
Starting Salary: \$ _____ per _____