



1625 BLALOCK ROAD  
HOUSTON, TEXAS 77080  
(713) 468-4516

**APPLICATION FOR EMPLOYMENT** *(Please print all requested information)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you at least 18 years of age?..... Yes  No

Do you have a current, valid driver's license? (for driving related positions) ..... Yes  No

Are you authorized to work in the United States? ..... Yes  No

Have you worked or attended school under any other names? ..... Yes  No

If yes, please provide names:

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

Have you ever been involuntarily terminated from a position of employment? ..... Yes  No

If yes, please explain. *(This question does not apply to layoff or reduction in force for economic reason.)*

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

During the past 7 years, have you been convicted of, or have you pleaded guilty or no contest to, a felony offense? ... Yes  No

If yes, please explain.

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

**Educational History**

High School: \_\_\_\_\_ Location: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

University/College: \_\_\_\_\_ Location: \_\_\_\_\_

Degree: \_\_\_\_\_ Year: \_\_\_\_\_

**Employment History** (*Most current first*)

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Title/Classification: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May MAM Contact this Employer?: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Title/Classification: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May MAM Contact this Employer?: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Title/Classification: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May MAM Contact this Employer?: \_\_\_\_\_

**Business References**

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

**List Special Skills and/or Certifications:**

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

Do you prefer full-time or part-time work? (Circle preference) If part-time, how many hours per week? \_\_\_\_\_

Date available for work \_\_\_\_\_ Salary/Hourly Rate Desired \_\_\_\_\_

I understand I must truthfully answer all the questions on this application. I also understand that if I do not, I may be refused employment, or separated if I am a current employee.

If employment results from this application, I understand that additional personal data may be required. Also, if employed, I understand that I am required to abide by all policies, procedures and regulations of Memorial Assistance Ministries.

I authorize all previous employers to furnish MAM with any information they may have regarding my employment and my reason for leaving, I release my prior employers, schools or persons from all liability in responding to inquiries in connection with my application resulting from the information I have provided.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### **An Equal Opportunity Employer**

Memorial Assistant Ministries provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.



**MEMORIAL ASSISTANCE MINISTRIES**

**Pre-Employment Profile Disclosure**

**Agreement and Consent:**

I authorize Memorial Assistance Ministries and its agents and representatives to make such investigations and inquiries into my current and/or former employment, driving record, criminal history, social security number and drug alcohol screening in response to a background check as part of my application and consideration of employment with Memorial Assistance Ministries. I understand all information gathered will be held in strict confidence and used only for employment purposes. I hereby release these parties from all liability in responding to such inquires.

I agree to comply with Memorial Assistance Ministries' substance abuse policy which may include testing to determine the use of any illegal or unauthorized substances prohibited in the workplace. I agree to release to MAM the results of any drug testing performed while working for MAM. Further, I agree to comply with unannounced searches and inspections of myself and my vehicle for the purpose of determining the presence of illegal or unauthorized substances. Also, if requested, I will submit to periodic urine drug screening.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Driver's License No. \_\_\_\_\_

*(This information is required for background checks.)*

Memorial Assistance Ministries certifies that all personal information gathered will be held in strict confidence and will not be released to anyone outside of MAM and will be used only for employment purposes.