



## EMPLOYMENT APPLICATION FORM

Date: \_\_\_\_\_

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_

SS #: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Attach a photocopy of Driver's License to fulfill the Insurance requirement.

Have you ever been convicted of a felony?  Y  N

### EMPLOYMENT DESIRED

Position/s applying for: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Date you can begin: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, may we contact the employer?  Yes  No

Employment sought:  Full-time  Part-time

Can you, at the time of employment, submit verification of your legal right to work in the United States?  Yes  No

### EDUCATION

High School: \_\_\_\_\_

Location: \_\_\_\_\_ Graduate?  Yes  No

College: \_\_\_\_\_

Location: \_\_\_\_\_ Graduate?  Yes  No

Major: \_\_\_\_\_

Trade/Business/Graduate School: \_\_\_\_\_

Location: \_\_\_\_\_ Graduate?  Yes  No

Major: \_\_\_\_\_

### PLEASE ANSWER

Why are you interested in becoming an employee with South Plains Communications?

---

---

---

What are your career goals?

---

Where did you get the information about the position?

---

**EMPLOYMENT HISTORY – list most recent first**

**Company Name:**

\_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Last Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone No:** \_\_\_\_\_

**Responsibilities:**

\_\_\_\_\_

\_\_\_\_\_

**City, St, Zip:** \_\_\_\_\_

**Dates of Employment:**

\_\_\_\_\_

**Reason for Leaving:**

\_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Last Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone No:** \_\_\_\_\_

**Responsibilities:**

\_\_\_\_\_

\_\_\_\_\_

**City, St, Zip:** \_\_\_\_\_

**Dates of Employment:**

\_\_\_\_\_

**Reason for Leaving:**

\_\_\_\_\_

**Company Name:**

\_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Last Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone No:** \_\_\_\_\_

**Responsibilities:**

\_\_\_\_\_

\_\_\_\_\_

**City, St, Zip:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Last Position:** \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_ Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**REFERENCES – List 3 individuals [not related to you] who are familiar with your work-related skills.**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

Telephone No: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

Telephone No: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

Telephone No: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Please fill out the entire employment form and email attachd .pdf to:  
**HRBP.SPC@gmail.com**