



## EMPLOYMENT APPLICATION

### Non-discrimination Statement

Poteet Strawberry Festival Association, Inc. (PSFA) is an equal opportunity employer. The PSFA will not discriminate against applicants or employees on the basis of race, color, religion, national origin, age, sex, pregnancy (including childbirth or related medical condition), disability, genetic information, sexual orientation, gender identity, military status, citizenship, or any other class protected by applicable law.

### Applicant Information

Date of Application: \_\_\_\_\_

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

First

Middle

Last

Present Address:

\_\_\_\_\_

Previous Address (If Less Than 10 Years At Current Address):

\_\_\_\_\_

Telephone Number:

(Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

### Availability

Position Applied For: \_\_\_PSFA Coordinator\_\_\_\_\_

Full-Time  Part-Time \_\_\_\_\_

Specify Days and Hours For Which You Are Unavailable:

This is a non-traditional work schedule, year round, salary full-time position to include evenings, nights, and weekends, as necessary.

Unavailable on:

\_\_\_\_\_

Date Available to Begin Work: \_\_\_\_\_

Desired Salary: \_\_\_\_\_

Are you willing to relocate? Not Applicable

Are you willing to travel? Yes \_\_\_\_\_ No \_\_\_\_\_

**Work Eligibility**

Are you legally authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

PSFA will require proof of eligibility to work in the United States, as required by law. Please submit a copy of your Texas Driver’s License or ID and your U.S. Social Security Card with this application.

**Past Experience with the PSFA**

Have you ever previously applied with the PSFA? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, specify the date(s): \_\_\_\_\_

Have you ever been previously employed by this PSFA? Yes \_\_\_\_\_ No \_\_\_\_\_

If employed by the PSFA in the past, specify the date(s) and position(s) held:

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

**Ability to Perform Job Duties**

Are you able to perform the essential functions of the position or positions for which you are applying with or without a reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

Job Duties are listed in the Job Description accompanying the job posting. A copy will be provided to you. If you have questions about Job Duties, please ask when submitting this application.

**Criminal History**

Excluding any conviction that has been sealed or expunged, and any minor traffic offenses. Have you ever in any criminal (misdemeanor or felony) investigation or proceeding, plead guilty or nolo contest to a crime, or been placed on a deferred adjudication or convicted of a crime, or received a verdict of anything other than “not guilty?” Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate the date and explain the nature of the crime. Please also provide any extenuating circumstances or other information, such as rehabilitation since conviction, that

would enable the employer to determine your fitness for the job. A yes answer to the above is not necessarily a bar to employment.

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**Education**

Name of Institution	Number of Years Attended	Degree Earned, if any	Major

**Employment History**

Start with your current or most recent employer. If you need additional space, please continue on a separate sheet of paper.

1. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Duties Performed: \_\_\_\_\_  
Duration of Employment: \_\_\_\_\_  
If this is your current employer, may we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Duration of Employment: \_\_\_\_\_

If this is your current employer, may we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Employer: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Duration of Employment: \_\_\_\_\_

If this is your current employer, may we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been terminated from a job due to work related misconduct or other wrongdoing?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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

**References: Please list at least 2 non-related references which PSFA may have your permission to contact in reference to your qualifications for this position.**

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

Email: \_\_\_\_\_

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

Email: \_\_\_\_\_

**United States Military Experience**

Please describe any job-related military training or experience in the United States Armed Forces:

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

**Skills**

Please describe any professional certifications or skills, such as machinery, software, or foreign language abilities, to the extent they are job-related.

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**Prior Name(s)**

Is there information relative to your name, such as a name change or nickname used, that the PSFA should know to conduct check on your employment history? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate any other name(s) used:

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**Applicant Statement**

PLEASE READ CAREFULLY BEFORE SIGNING THIS STATEMENT

I authorize the PSFA to investigate all statements in this application and to secure any appropriate information from all of my employers and references, except as I have otherwise indicated in this application. I hereby release all of those employers and references, and the PSFA from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the PSFA. I authorize PSFA to obtain a criminal background check and credit history to assess suitability for employment with the PSFA.

I understand that any offer of employment is contingent upon receipt of a satisfactory check of my academic credentials and employment references.

**Employment of Relatives.**

I understand that my employment with the PSFA is conditioned upon my compliance with the PSFA's Employment of Relatives policy, which, in part, prohibits immediate family members from holding supervisor-subordinate positions with the PSFA. I may obtain a copy of this policy by contacting the PSFA.

I understand that any false or misleading statements or material omissions will be sufficient cause for rejection of my application or termination of my employment.

I further understand that nothing in this employment application is intended to create an employment contract between the PSFA and me. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the PSFA unless it is made in writing and signed by a PSFA officer. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason. I also understand that the PSFA retains the right to terminate my employment at any time for any reason, consistent with applicable law.

I hereby acknowledge that I have read and understand this Applicant Statement.

\_\_\_\_\_  
Signature of Applicant

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