



Reeder Cattle Company

P.O. Box 1108 | 14998 Co. Rd. 13

Stratford, TX 79084

Tel (806)753-4533 | Fax (806)753-4534

EMPLOYMENT APPLICATION

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Personal Information				
Name (First, MI, Last)		Social Security Number		
Physical Address		Mailing Address		
City, State, and Zip Code				
Telephone		Alternate Phone		
If under 18, please list age		Email		
Job Type				
Days/Hours available to work				
<input type="checkbox"/> I have no preference	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.
				<input type="checkbox"/> Fri.
				<input type="checkbox"/> Sat.
				<input type="checkbox"/> Sun.
I am seeking a:		<input type="checkbox"/> Full-time job	<input type="checkbox"/> Part-time job	<input type="checkbox"/> Full - or Part time
How many hours can you work weekly?		Can you work nights?		Date available to begin
What Location are you applying for? <input type="checkbox"/> Alabama <input type="checkbox"/> Texas <input type="checkbox"/> New Mexico				
Additional Information				
Have you ever been employed by this organization in the past?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that I am a U.S. Citizen, permanent resident, or a foreign national with authorization to work in the United States.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's License Number		Issued in what state?
Have you had any accidents or moving violations, during the past three years?				How many?
Education				
School Name	Location (Mailing Address)	Years Completed	Major	Degree or Diploma
High school				
College or Business/Trade School				
Military				
Have you ever been in the Armed Forces?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Entered
Are you now a member of the National Guard ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge Date
Specialty				

Work Experience

Please List ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Name of last supervisor	
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone Number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancement or promotions while you worked at this company.

May we contact this employer? Yes No

Company	Name of last supervisor	
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone Number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancement or promotions while you worked at this company.

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City, State, and Zip Code	End Date	Final Salary
Phone Number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancement or promotions while you worked at this company.

May we contact this employer? Yes No

References

Please include name, phone number, and circumstances of your acquaintances. Exclude relatives and former employers.

- 1.
- 2.
- 3.
- 4.

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature	Date
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