

Employment Application

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.	Date of Interview (Month/Day/Year): / /
Company:	Position Applied for:
How were you referred to us:	

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile/Pager/Other: _____ E-mail: _____

Date Available to Start: _____ Social Security Number: - - Salary Requirements: _____

If you are under 18 years of age, can you provide a work permit? ☐ Yes ☐ No If no, please explain: _____

Have you ever worked for this company? ☐ Yes ☐ No If yes, when? _____

Are you legally allowed to work in the United States? ☐ Yes ☐ No

Type of employment desired: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal

Have you ever pleaded guilty, no contest or been convicted of a crime? ☐ Yes ☐ No If yes, give dates and details: _____

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's license number (if applicable to position): _____ State: _____

Summarize Your Special Skills or Qualifications

Dates of Employment: From ____/____/____ To ____/____/____ Position(s) Held: _____

Previous Employment (begin with most recent position)

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? ☐ Yes ☐ No

Dates of Employment: From ____/____/____ To ____/____/____ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? ☐ Yes ☐ No

Dates of Employment: From ____/____/____ To ____/____/____ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? ☐ Yes ☐ No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

I, _____, an employee, agent, or representative of _____ (“Agency”) agree as follows:

1. Scope of Agreement. In entering this Agreement, I acknowledge I am doing so in consideration of my continued employment or my retention by Agency and that this Agreement may be enforced by either Agency or any affected client of Agency, which shall be considered a third party beneficiary under this Agreement and may enforce all rights herein to the same extent such rights could be enforced by Agency.
2. Services. In connection with the services rendered by me, I may become aware of Confidential Information (as described below) of Agency and/or its clients. I recognize that the success of the Agency and its clients depends in part on keeping Confidential Information confidential.
3. Confidential Information Defined. “Confidential Information” includes all information and materials, whether written or oral, disclosed to me relating to the Services and/or Agency’s current and future media buying, media planning, advertising, marketing and promotional activities, whether or not such information and materials are marked "confidential."
4. Exclusions. Confidential Information does not include information that:
 - (a) is or becomes generally known by the public through no action by me or anyone else bound by obligations of confidentiality with respect thereto;
 - (b) was in my possession on a non-confidential basis prior to the disclosure; or
 - (c) is or becomes available to me from an independent source that is not bound by obligations of confidentiality with respect thereto.
5. Safeguarding, Use and Disclosure of Confidential Information. I agree that the Confidential Information is highly confidential and proprietary to Agency. Accordingly, I will not use or disclose Confidential Information except as expressly permitted herein. Further, I will:
 - (a) safeguard the Confidential Information from unauthorized use or disclosure;
 - (b) use the Confidential Information only for the benefit of Agency and only for the purposes of providing the Services to Agency;
 - (c) not make copies of any Confidential Information;
 - (d) disclose the Confidential Information only to persons who have signed a confidentiality agreement and who have a need to know the Confidential Information in order to provide the Services to Agency.
6. Breach. I agree that unauthorized use or disclosure of Confidential Information by me would cause irreparable injury and harm to Agency for which Agency would not have an

adequate remedy at law, and for which Agency shall be entitled to obtain *ex parte* equitable relief in any court of competent jurisdiction, without the necessity of posting bond, in addition to pursuing other remedies at law or equity.

7. Return/Destruction of Confidential Information. I will immediately return any Confidential Information in my possession upon the request of Agency.

8. Governing Law; Forum. This Agreement shall be construed under the laws of the State of Texas, without regard to the principles of conflicts of law. I agree and consent that jurisdiction and venue of all matters relating to this Agreement shall be vested exclusively in the federal, state and local courts in Spring Branch, Texas.

Signature: _____

Print Name: _____

Print address: _____

Date: _____