



WWW.FORTWORTHHERD.COM  
 129 East Exchange Avenue  
 Fort Worth, Texas 76164  
 817-336-4373

# APPLICATION FOR EMPLOYMENT



WWW.FORTWORTH.COM  
 111 W. 4<sup>th</sup> Street, Suite 200  
 Fort Worth, Texas 76102  
 817-336-8791

*Fort Worth Convention & Visitors Bureau  
 is an Equal Opportunity Employer*

**PLEASE TYPE OR PRINT** Complete the entire application, these instructions must be followed exactly. You may attach a resume, but you must still complete all questions; or application will be deemed incomplete and will not be considered. You must sign when completed.

## PERSONAL INFORMATION

Position(s) Applied for:		Date of Application	
Name (Last, First, Middle)			
Street Address	City	State	Zip Code
Phone:	Emergency Contact:	Email:	
Are you eligible to work in the United States?		__ Yes __ No	
Are you 18 years of age or older?		__ Yes __ No	
Have you ever been employed by the FWCVB?		__ Yes __ No	If Yes, when & reason for leaving:
Are you related to any current FWCVB employees?		__ Yes __ No	If Yes, name & relationship to you:
If required for position, do you have a valid driver's license?		__ Yes __ No	If Yes, State of issuance, license #, & expiration date:
How did you learn about this employment opportunity? (Check all that apply)			
Job Bulletin (Posting)		Website	Referral by employee _____
Walk In		Ad in <i>Newspaper</i>	Other _____
Department of Labor		Ad in <i>Magazine</i>	

## EDUCATION

(Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.)

NAME OF SCHOOL	CITY & STATE	Did you Graduate?	IF NO, # Years left	If Yes, Date of Graduation	Degree Received
High School					
GED or Equivalent					
College					
College					
Other (Specify)					
Other Credentials/licenses/professional affiliations, etc. which are relevant to the job(s) for which you are applying?					

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**SKILLS:** Please list technical skills, clerical skills, trade skills, etc., relevant to the position. Include relevant livestock, equipment, computer systems and software packages of which you have a working knowledge and note your level of proficiency (basic, intermediate, expert)

List professional, trade, business or civic activities and offices held. You may exclude membership revealing gender, race, religion, national origin, age, ancestry, disability or other protected status.
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
Describe any specialized training, apprenticeship, skills and extracurricular activities.
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Describe any job-related training received in the United States military.
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

**Other Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## EMPLOYMENT EXPERIENCE

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Please detail entire work history. Begin with your current or most recent employer. If you held multiple positions within the same organization, detail each separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments.

Employer		Dates Employed: From _____ To _____	
Address			
City		State	Zip Code
Telephone	Starting Salary/Wage	Ending Salary/Wage	
Job Title	Supervisor/Manager		
Duties/Responsibilities			
Reason for Leaving			

Employer		Dates Employed: From _____ To _____	
Address			
City		State	Zip Code
Telephone	Starting Salary/Wage	Ending Salary/Wage	
Job Title	Supervisor/Manager		
Duties/Responsibilities			
Reason for Leaving			

Employer		Dates Employed: From _____ To _____	
Address			
City		State	Zip Code
Telephone		Starting Salary/Wage	Ending Salary/Wage
Job Title		Supervisor/Manager	
Duties/Responsibilities			
Reason for Leaving			

Employer		Dates Employed: From _____ To _____	
Address			
City		State	Zip Code
Telephone		Starting Salary/Wage	Ending Salary/Wage
Job Title		Supervisor/Manager	
Duties/Responsibilities			
Reason for Leaving			

<b>Check type(s) of appointment you would accept:</b>														
Full	<input type="checkbox"/>	Part-Time	<input type="checkbox"/>	Temporary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Are you willing to work:</b>														
Other than 7:30 AM-4:30PM?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Weekends/Holidays?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Rotating Shifts?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

## REFERENCES

Name	Telephone
Address	
Relationship to you	

Name	Telephone
Address	
Relationship to you	

Name	Telephone
Address	
Relationship to you	

## APPLICANT STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States and will be subject to a criminal background check.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date