

# Application For Employment

We consider applicants for all positions without regard to race, color religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

<b>Position(s) Applied For</b>	<b>Date of Application</b>
<b>How did you hear about us?</b> Advertisement ____ Friend ____ Walk-In ____ Employment Agency ____ Realitive ____ Other _____	

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Date of Birth</b> ____/____/____		
<b>Address</b>	<b>Number</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone Number(s)</b>			<b>Social Security Number</b> ____-____-____		

If you are under 18 years of age, can you provide required proof of your eligibility to work?      \_\_\_ Yes      \_\_\_ No

Have you ever filed an application with us before?      \_\_\_ Yes      \_\_\_ No  
 If yes give date \_\_\_\_\_

Have you ever been employed with us before?      \_\_\_ Yes      \_\_\_ No  
 If yes give date \_\_\_\_\_

Are you currently employed?      \_\_\_ Yes      \_\_\_ No

May we contact your present employer?      \_\_\_ Yes      \_\_\_ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?      \_\_\_ Yes      \_\_\_ No  
*Proof of citizenship or immigration status will be required upon employment*

On what date would you be available for work?      \_\_\_\_\_

Are you available for \_\_\_ Full Time    \_\_\_ Part Time    \_\_\_ Shift Work    \_\_\_ Temporary

Are you currently on "lay off" status and subject to recall?      \_\_\_ Yes      \_\_\_ No

Can you travel if a job requires it?      \_\_\_ Yes      \_\_\_ No

Have you been convicted of a felony within the last 7 years?      \_\_\_ Yes      \_\_\_ No  
*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

## Education

	Name and Address of School	Course of Study	Years of Study	Diploma Degree
Elem. School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				
Indicate any foreign languages you can speak, read and /or write				
	Fluent	Good	Fair	
Speak				
Read				
Write				

**Describe any socialized training, apprenticeship, skills and extra-curricular activities.**

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**Describe any job-related training received in the United States Military.**

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## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed	Work Performed
	From                  To	
Adress		
Telephone Number(s)	Hourly Rate/Salary	
	Starting                  Final	
Job Title	Supervisor	
Reason for leaving		

Employer	Dates Employed	Work Performed
	From                  To	
Adress		
Telephone Number(s)	Hourly Rate/Salary	
	Starting                  Final	
Job Title	Supervisor	
Reason for leaving		

Employer	Dates Employed	Work Performed
	From                  To	
Adress		
Telephone Number(s)	Hourly Rate/Salary	
	Starting                  Final	
Job Title	Supervisor	
Reason for leaving		

If you need additional space, please continue on a separate sheet of paper or attach resume

**List professional trade, business or civic activities and offices held.**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*


**Additional Information**

**Other Qualifications**

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


**Specialized Skills**

**Check Skills/Equipment Operated**

<input type="checkbox"/> CPR	<input type="checkbox"/> Fax	Production/Mobile	Other (List)
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	Machinery (List)	
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Wordperfect	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.


Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities in such a job or occupation is attached.  **YES**  **NO**

## Child Abuse/Neglect

Have you ever been investigated for abusing or neglecting a child by any of the following agencies?

- A. Child Protective Services of the Texas Department of Family and Protective Services. \_\_\_\_\_ YES \_\_\_\_\_ NO  
 B. County child welfare agency \_\_\_\_\_ YES \_\_\_\_\_ NO  
 C. Law enforcement agency (police, sheriff, etc) \_\_\_\_\_ YES \_\_\_\_\_ NO  
 D. Child welfare agency in another state \_\_\_\_\_ YES \_\_\_\_\_ NO  
 E. Other (Specify) \_\_\_\_\_ YES \_\_\_\_\_ NO

If "yes" to any of the above, what was the child's name?	How was the child related?
When did this occur?	Where?

## CRIMINAL CHARGES/CONVICTIONS

- A. Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ YES \_\_\_\_\_ NO

If "yes" give name of person(s)	Date of Conviction	Location
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Give details including type of conviction and disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- B. Do you have any felony or misdemeanor charges pending with the county or distric attorney or is anyone now complying with the terms of a deferred adjuction? \_\_\_\_\_ YES \_\_\_\_\_ NO

If "Yes" give name of person(s)	Type of Charge	
County where charges are pending or length of deffered sentence.	Court No.	Location

Give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that this information contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge and belief. I hereby authorize the Texas Department of Family and Protective Services to contact the persons listed on this form. I understand that the Department may contact others and, at any time, seek verification of any and all information on this form. For applicants for a license to operate a child care operation or child-placing agency, I understand that any willful misrepresentation is cause for immediate denial of the application or later revocation of the license.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## Applicant's 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 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 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 acknowledge 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 of Applicant

\_\_\_\_\_  
Date

### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

Name and Title

Date

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References

1.	_____	( )	_____
	Name		Phone #
2.	_____	( )	_____
	Name		Phone #
3.	_____	( )	_____
	Name		Phone #
4.	_____	( )	_____
	Name		Phone #
5.	_____	( )	_____
	Name		Phone #