APPLICATION FOR EMPLOYMENT

|  |  |  |  |  |  |  |  |  |  |
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| PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE | |  | | | | | |  | |
| APPLICATION FOR EMPLOYMENT | | | | | | | | | |
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| PLEASE COMPLETE PAGES 1-5. | | | | | | | DATE | | |
| Name | | | | | | | | | |
| Last First Middle Maiden | | | | | | | | | |
| Present address | | | | | | | | | |
| Number Street City State Zip | | | | | | | | | |
| How long | | | | Social Security No. \_\_\_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_\_\_\_\_ | | | | | |
| Telephone ( ) | | | | | | | | | |
| If under 18, please list age | | | | | | | | | |
| Position applied for (1)  and salary desired (2)  (Be specific) | | | | | Days/hours available to work  No Pref Thurs  Mon Fri  Tue Sat  Wed Sun | | | | |
| How many hours can you work weekly? Can you work nights? | | | | | | | | | |
| Employment desired ❑FULL-TIME ONLY ❑PART-TIME ONLY ❑FULL- OR PART-TIME | | | | | | | | | |
| When available for work? | | | | | | | | | |
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|  | | | | | | | | | |
| TYPE OF SCHOOL | NAME OF SCHOOL | | LOCATION (Complete mailing address) | | | NUMBER OF YEARS COMPLETED | | | MAJOR & DEGREE |
| High School |  | |  | | |  | | |  |
|  |  | |  | | |  | | |  |
| College |  | |  | | |  | | |  |
|  |  | |  | | |  | | |  |
| Bus. or Trade School |  | |  | | |  | | |  |
|  |  | |  | | |  | | |  |
| Professional School |  | |  | | |  | | |  |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME? ❑ No ❑ Yes  ARE YOU CURRENTLY ON DEFERRED ADJUDICATION OR PROBATION? ❑ No ❑ Yes | | | | | | | | | |
| If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), deferred adjudication or probation, how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. | | | | | | | | | |
| ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |

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| DO YOU HAVE A DRIVER’S LICENSE? ❑ Yes ❑ No | | | | | | |
| What is your means of transportation to work? | | | | | | |
| Driver’s license  number State of issue \_\_\_\_\_\_\_ ❑ Operator ❑ Commercial (CDL) ❑Chauffeur | | | | | | |
| Expiration date | | | | | | |
| Have you had any accidents during the past three years? | | | | | How many? | |
| Have you had any moving violations during the past three years? | | | | | How Many? | |
|  | | OFFICE ONLY | |  | | |
|  | | | | | | |
| ❑ Yes ❑ Yes Word ❑ Yes  Typing ❑ No \_\_\_\_\_ WPM 10-key ❑ No Processing ❑ No \_\_\_\_\_ WPM | | | | | | |
| Personal ❑ Yes PC ❑  Computer ❑ No Mac ❑ | | | Other  Skills | | | |
|  | | | | | | |
| Please list four references other than relatives or previous employers. | | | | | | |
| Name | | | Name | | | |
| Position | | | Position | | | |
| Company | | | Company | | | |
| Address | | | Address | | | |
|  | | |  | | | |
| Telephone ( ) | | | Telephone ( ) | | | |
|  | | |  | | | |
| Name | | | Name | | | |
| Position | | | Position | | | |
| Company | | | Company | | | |
| Address | | | Address | | | |
|  | | |  | | | |
| Telephone ( ) | | | Telephone ( ) | | | |
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| An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. | | | | | | |
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|  | | | MILITARY | |  | | | | |
|  | | | | | | | | | |
| HAVE YOU EVER BEEN IN THE ARMED FORCES? ❑ Yes ❑ No | | | | | | | | | |
| ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ❑ Yes ❑ No | | | | | | | | | |
| Specialty Date Entered Discharge Date | | | | | | | | | |
|  | | | | | | | | | |
| Work Experience | Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. | | | | | | | | |
|  | | | | | | |  | | |
| Name of employer  Address | | | | Name of last supervisor | | Employment dates | | | Pay or salary |
| City, State, Zip Code Phone number | | | |  | | From  To | | | Start  Final |
|  | | | | Your last job title | | | | | |
| Reason for leaving (be specific) | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | | | | | |
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| Name of employer  Address | | | | Name of last supervisor | | Employment dates | | | Pay or salary |
| City, State, Zip Code Phone number | | | |  | | From  To | | | Start  Final |
|  | | | | Your Last Job Title | | | | | |
| Reason for leaving (be specific) | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | | | | | |
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| Work experience | Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. | | | | | | | |
|  | | | | |  | | |
| Name of employer  Address | | | Name of last supervisor | Employment dates | | | Pay or salary |
| City, State, Zip Code Phone number | | |  | From  To | | | Start  Final |
|  | | | Your last job title | | | | | |
| Reason for leaving (be specific) | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | | | | |
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|  | | | | | | | |
| Name of employer  Address | | | Name of last supervisor | Employment dates | | | Pay or salary |
| City, State, Zip Code Phone number | | |  | From  To | | | Start  Final |
|  | | | Your last job title | | | | | |
| Reason for leaving (be specific) | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | | | |
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| May we contact your present employer? ❑ Yes ❑ No | | | | | | | | |
| Did you complete this application yourself ❑ Yes ❑ No | | | | | | | | |
| If not, who did? | | | | | | | | |

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| PLEASE READ CAREFULLY |
| APPLICATION FORM WAIVER |
| In exchange for the consideration of my job application by Family Crisis Center of the Big Bend, Inc. (hereinafter called “the Company”), I agree that:  Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Family Crisis Center of the Big Bend, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of the Company. Both the undersigned and the Family Crisis Center of the Big Bend, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. |
| I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract. |
| I further understand that my employment with the Company shall be probationary for a period of six (6) months, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party. |
| Signature of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications. |
| Thank you for completing this application form and for your interest in our business. |

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| POST EMPLOYMENT INFORMATION FORM | | | | | | | |
| TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED | | | | | | | |
| Height \_\_\_\_\_\_ ft. \_\_\_\_\_\_ in. Weight \_\_\_\_\_\_\_\_\_\_ Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Married ❑ Yes ❑ No If married, how long? \_\_\_\_\_ ❑ Single ❑ Separated ❑Divorced ❑Widowed | | | | | | | |
| Full name of spouse Occupation | | | | | | | |
| Name of company Telephone ( ) | | | | | | | |
| PERSON TO BE NOTIFIED IN CASE OF EMERGENCY | | | | | | | |
| Name Telephone ( ) | | | | | | | |
| Address Relationship | | | | | | | |
| FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS | | | | | | | |
| NAME | | RELATIONSHIP | | BIRTH DATE | | | SSN |
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|  | | | TO BE COMPLETED | |  | | |
|  | | | BY EMPLOYER | |  | | |
| Date of employment Job title Dept. | | | | | | | |
| Location Rate of pay ❑ Full-time ❑ Part-time ❑ Salaried | | | | | | | |
| Applicant’s signature acknowledging above information | | | | | | | |
| Name of person verifying information | | | | | | | |
| Name of person authorizing employment | | | | | | | |



P. O. Box 1470 Alpine, Texas 79831 Phone (432) 837-7254

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize the Family Crisis Center of the Big Bend, Inc. to obtain information pertaining to any charges and/or convictions I may have had for federal and state criminal law violations. This information will include, but not be limited to, allegations and convictions for crimes related to the Family Code and will be gathered from any law enforcement agency of this state or any state or federal government, to the extent permitted by state and federal law.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security or Identification Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of Issuance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Screening Agency: Family Crisis Center of the Big Bend, Inc.

Screening Agent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_