



Application for Employment

Please answer all questions. Resumes are not accepted in lieu of completion of the application. Note: This application was designed to use with several job positions. Some questions may not be completely applicable to the position you are seeking; however, we ask you answer all questions.

Position applying for: _____ Date: _____

Last Name (Please Print)	First Name	Middle Initial
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Address: Street	City	State	Zip	Phone #
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Do you possess a valid Texas Driver's License/State ID? Yes No

Do you have the legal right to work in this country? Yes No Are you over 18 years of age? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, give dates and explain (attach additional paper if needed). A conviction will not necessarily disqualify you from employment.

Educational Data

School Level	Print name of school, city, state and phone	Number of years completed	Degree – yes or no?	Major course of study
High School				
College				
Other				

Other skills: List other job related skills, qualifications or educational experience that support your application:

Please list any other names you have previously used for work, school or other functions of life, dates used and purpose:

Have you ever filled out an application here before? Yes No

If yes, give date and position applied for: _____

Have you ever been employed here before? Yes No

If yes, give dates and position: _____

Employment Experience: List most recent jobs first. Account for all time periods, including unemployment, self-employment and military service.

Employer #1 Name	Address	Phone number
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Job Title	Immediate Supervisor	Hourly Rate/Salary starting and final
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Worked performed

Reason for leaving and Dates of employment

Employer #2 Name	Address	Phone number
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Job Title	Immediate Supervisor	Hourly Rate/Salary starting and final
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Worked performed

Reason for leaving and Dates of employment

Employer #3 Name	Address	Phone number
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Job Title	Immediate Supervisor	Hourly Rate/Salary starting and final
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Worked performed

Reason for leaving and Dates of employment

Employer #4 Name	Address	Phone number
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Job Title	Immediate Supervisor	Hourly Rate/Salary starting and final
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Worked performed

Reason for leaving and Dates of employment

Have you ever been dismissed or forced to resign from any employment? ____ Yes ____ No

If yes, please explain: _____

Are you now employed? ____ Yes ____ No

Are you on layoff? ____ Yes ____ No

Are you subject to recall? ____ Yes ____ No

Can you work overtime? ____ Yes ____ No

Are there any days, hours, shifts you will not or cannot work? ____ Yes ____ No

If yes, please elaborate: _____

Do you have any friends or relatives who work here? ____ Yes ____ No

If yes, please detail:

Name _____ Relationship _____

Name _____ Relationship _____

Character References

List three persons not related to you, whom you have known at least one year:

Name	Address and Phone	Time known
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

List below any other information or remarks you wish to have considered as a part of your application for employment:

Notice to applicants: This employer complies with the Americans With Disabilities Act of 1990. The Crisis Center is an equal opportunity employer. The Center reviews applications and employs persons without regard to race, creed, color, gender, religion, age, national origin, physical or mental disability, marital status, veterans' status, citizenship status or any other category protected by local, state or federal law. In addition, the Crisis Center makes reasonable accommodations to the needs of disabled applicants and employees, so long as this does not create an undue hardship on the Center or threaten the health or safety of others at the Center. If you need assistance in completing this application, let us know and we will provide assistance. The receipt of this application does not mean job openings exist at the Center and does not obligate the Center in any way. We assure you your opportunity for employment with the Center depends solely upon your qualifications for the position. We appreciate your interest in the Crisis Center.

Applicant's Statement

I certify the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Crisis Center permission to contact schools, previous employers, references and others, and hereby release the Crisis Center from any liability as a result of such contact. I understand misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

The Crisis Center conducts business with the highest possible degree of safety and efficiency. Because of this, the Crisis Center requires applicants for employment to undergo a urinalysis screening for drug/alcohol use as part of our pre-placement physical examination. In addition, all employees are subject to additional random urinalysis screening for drug/alcohol use as deemed necessary.

This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond 90 days, or for another position, should reapply.

Signature of applicant

Date