APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

(Women's Shelter of East Texas, Inc.)

PERSONAL INFORMATION

DATE_____

NAME: _____ SOCIAL SECURITY NUMBER:_____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE #: _____ ARE YOU 18 YEARS OF OLDER? Yes❑ No❑
HOME CELL

Email #: _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes ❑ _____ No ❑_____

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EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU WORKED FOR THIS AGENCY BEFORE? _____ WHERE? _____ WHEN? _____

REFERRED BY: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL SKILLS: _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)_____
(EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICTES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.)

U.S. MILITARY/NAVAL SERVICE: _____PRESENT MEMBER IN NATIONAL GUARD/RESERVE: _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE.)

DATE MONTH & YEAR	EMPLOYER, TOWN & PHONE #	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES: GIVE THE NAMES OF THREE PERSONAL REFERENCES NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST 1 YEAR

	NAME	ADDRESS	PHONE # (Required)	YEARS KNOWN
1				
2				
3				

IN CASE OF
EMERGENCY NOTIFY: _____

NAME ADDRESS PHONE

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN THE EXECUTIVE DIRECTOR, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE EXECUTIVE DIRECTOR, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT TO THE FOREGOING."

I UNDERSTAND THAT THE FAMILY CRISIS CENTER (WOMEN'S SHELTER OF EAST TEXAS, INC.) WILL REFER TO ITS INTERAL DATABASE TO DETERMINE IF APPLICANTS ARE A CURRENT OR FORMER CLIENT. SUBMITTING THIS APPLICATION FOR EMPLOYMENT WILL CONSTITUTE YOUR CONSENT FOR FAMILY CRISIS CENTER (WOMEN'S SHELTER OF EAST TEXAS, INC.) TO REFER TO ITS CLIENT DATABASE AS PART OF THE ASSESSMENT PROCESS TO DETERMINE YOUR ELIGIBILITY TO APPLY FOR A VACANT POSITION WITH FAMILY CRISIS CENTER (WOMEN'S SHELTER OF EAST TEXAS, INC.)

DATE: _____ SIGNATURE: _____

AGENCY USE ONLY

REFERENCE CHECK

Reference #1: _____ _____ _____
NAME OF REFERENCE FCC EMPLOYEE COMPLETING REFERENCE CHECK DATE

Reference #2: _____ _____ _____
NAME OF REFERENCE FCC EMPLOYEE COMPLETING REFERENCE CHECK DATE

Reference #3: _____ _____ _____
NAME OF REFERENCE FCC EMPLOYEE COMPLETING REFERENCE CHECK DATE