

# Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

**PLEASE PRINT**

Position(s) Applied For:	DATE OF APPLICATION:
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Name			
Last	First	Middle	Maiden

Present address					
Number	Street	City	State	Zip	

Telephone ( ) _____	Social Security No. ____ - ____ - _____
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If you are under 18 years of age, can you provide required proof of your eligibility? 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 \_\_\_\_\_

Days/hours available to work

No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

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

Employment desired     FULL-TIME     PART-TIME     SHIFT WORK     TEMPORARY WORK

DO YOU HAVE A DRIVER'S LICENSE?     Yes     No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_ Expiration date \_\_\_\_\_

## EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

## 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 beginning with your most recent job held. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other **Attach additional sheets if necessary.**

Name of employer Address	Supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
		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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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.			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			



**CONSENT TO PERFORM CRIMINAL HISTORY/ BACKGROUND CHECK**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

\_\_\_\_\_ Maiden or other name(s) used in any and all other records of birth or records of residence

Address \_\_\_\_\_ Apartment or # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Gender \_\_\_\_\_

Date of \*Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_

Do you have a Photo ID? \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone Number \_\_\_\_\_

\*To be used for criminal history checks only and not a part of the personnel file

Please List References:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I, \_\_\_\_\_ am an applicant for employment with Community Development Corporation of Brownsville and have been advised that as part of the application process, the corporation conducts a criminal history background check. I do hereby consent to the corporation use of any information provided during the application process in performing the criminal history check. The corporation has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment/volunteer work. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the corporation. Under the fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

The following are my responses to questions about my criminal history (if any). Please answer all questions.

1. Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (Exclude minor traffic misdemeanors). If yes, please provide details below.

State \_\_\_\_\_ County \_\_\_\_\_ Date of Offense \_\_\_\_\_

Details of Conviction:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? If yes, please provide details below.

State \_\_\_\_\_ County \_\_\_\_\_ Date of Offense \_\_\_\_\_

Details of Conviction:

3. Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State \_\_\_\_\_ County \_\_\_\_\_ Date of Offense \_\_\_\_\_

Details of Supervision:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country \_\_\_\_\_ City \_\_\_\_\_ Date of Offense \_\_\_\_\_

Details of Conviction:

5. As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State \_\_\_\_\_ County \_\_\_\_\_ Date of Offense \_\_\_\_\_

Details of Pending Charges:

Please list all counties and states of residence since high school graduation or age 18,

City/Town \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

City/Town \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

City/Town \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

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City/Town \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

City/Town \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

**I hereby certify that all information provided in this consent form is true, correct and complete. "All offers of employment/volunteering are contingent upon applicant's successful completion, as determined in employer's sole discretion, of this criminal history/background check."**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Applicant Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_