



Application for Employment

CHILD CRISIS CENTER OF EL PASO

2100 N. STEVENS

EL PASO, TEXAS 79930

“Protecting our children, preserving our future”

COMPLETE ALL INFORMATION

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard of race, color, religion, sex, national origin, age marital status, veteran status, non-job related disability, or any other protected group status.

Today's Date: _____

Applicant's Full Name: _____

Present Address: _____

Previous Address: _____

Telephone Number: _____

Email Address: _____

Do you have a legal right to be employed in the United States? Yes (proof required) No

Are you over the age of 18? Yes No

COMPANY EXPERIENCE

Have you worked for this company before Yes No If so, from what date to what date?

What Position?

Reason for Leaving:

GENERAL INFORMATION

Are you currently employed? Yes NO If not, when was your last day employed?

Position applying for: _____

Does anyone you know work her? Yes NO If so, who and relation to you?

EDUCATIONAL BACKGROUND

School	Name and City	Graduated?	Degree or Certification
University			
High School			
Technical School or Other			

PROFESSIONAL REFERENCES (one (1) personal and two (2) professional)

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE
COMPANY		
WORK ADDRESS	CITY	STATE
		WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE
COMPANY		
WORK ADDRESS	CITY	STATE
		WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE
COMPANY		
WORK ADDRESS	CITY	STATE
		WORK PHONE

LIST THE 4 RECENT EMPLOYMENTS BEGINNING WITH MOST RECENT
PLEASE USE ADDITIONAL PAPER IF NEEDED OR ATTACH A FULL RESUME

COMPANY NAME	FROM	TO	POSITION(S) HELD
ADDRESS, CITY, STATE, ZIP	DUTIES AND RESPONSIBILITIES		
PHONE NO.			
TYPE OF BUSINESS	CAN WE CONTACT YOUR EMPLOYER:		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
STARTING WAGES	ENDING WAGES	REASON FOR LEAVING	
\$	\$		
<input type="checkbox"/> HOURLY <input type="checkbox"/> YEAR	<input type="checkbox"/> HOURLY <input type="checkbox"/> YEAR		

COMPANY NAME		FROM	TO	POSITION(S) HELD
ADDRESS, CITY, STATE, ZIP		DUTIES AND RESPONSIBILITIES		
PHONE NO.				
TYPE OF BUSINESS		CAN WE CONTACT YOUR EMPLOYER:		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
STARTING WAGES	ENDING WAGES	REASON FOR LEAVING		
\$	\$			
<input type="checkbox"/> HOURLY <input type="checkbox"/> YEAR	<input type="checkbox"/> HOURLY <input type="checkbox"/> YEAR			

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PHONE NO.				
TYPE OF BUSINESS		CAN WE CONTACT YOUR EMPLOYER:		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
STARTING WAGES	ENDING WAGES	REASON FOR LEAVING		
\$	\$			
<input type="checkbox"/> HOURLY <input type="checkbox"/> YEAR	<input type="checkbox"/> HOURLY <input type="checkbox"/> YEAR			

COMPANY NAME		FROM	TO	POSITION(S) HELD
ADDRESS, CITY, STATE, ZIP		DUTIES AND RESPONSIBILITIES		
PHONE NO.				
TYPE OF BUSINESS		CAN WE CONTACT YOUR EMPLOYER:		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
STARTING WAGES	ENDING WAGES	REASON FOR LEAVING		
\$	\$			
<input type="checkbox"/> HOURLY <input type="checkbox"/> YEAR	<input type="checkbox"/> HOURLY <input type="checkbox"/> YEAR			

BACKGROUND DISCLOSURE AUTHORIZATION FORM

I hereby authorize any investigator or duly accredited representative of the Child Crisis Center of El Paso bearing this release to obtain any information from schools, residential management, agents, employers, criminal justice agencies, or individuals, relating to any activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and convictions records. I hereby direct you to release such information upon request of the bearer; I understand that the information released is for official use by the Child Crisis Center and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result from me on account of compliance, or any attempts to comply, with this authorization.

By my signature I understand the Child Crisis Center will be conducting a background check to include but not limited to professional references and verification of past employments. A criminal background check will be conducted in accordance with the Texas Department of Protective and Regulatory Services licensing standards:

“No one may serve as staff member working with children who has been convicted within the preceding ten years of any felony classified as an offense against the person or the family, or of public indecency or of violation of the Texas Controlled Substance Act, or of any misdemeanor classified as offenses against the person or family or of public indecency, unless the Director of Licensing has ruled that proof of rehabilitation has been established.”

Print Name

Signature

Date

CONSENT TO DRUG/ALCOHOL TESTING

I understand it is the policy of The Child Crisis Center of El Paso to conduct drug and/or alcohol tests of job applicants for the purpose of detecting drug and/or alcohol abuse, and that one of the requirements for consideration of employment with The Child Crisis Center of El Paso is the satisfactory passing of the company's/organization's drug and/or alcohol test(s).

For the purpose of being further considered for employment, I hereby agree to submit to a drug and/or alcohol test.

If I am accepted for employment, I agree to take drug and/or alcohol tests whenever requested by The Child Crisis Center of El Paso, and I understand that the taking of such tests is a condition of my continued employment.

I also give consent to the testing agency to release to The Child Crisis Center of El Paso and other officially interested parties the results of my tests and other test-related information.

At this time I consent to a drug and/or alcohol test.

Print Name

Signature

Date

Individual's Identification Information

First Name:	Middle Name:	Last Name:
<p>List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provided every name that the individual has used, you may receive inaccurate results.</p>		
Other First Name:	Other Middle Name:	Other Last Name:
Address:		
City and County:	State:	Zip Code:
<p>List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years:</p>		
Ethnicity (must accompany race):	Race:	
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	
Social Security Number:	Photo ID Type: <input type="checkbox"/> Driver License <input type="checkbox"/> State ID	D.O.B. (mm/dd/yyyy)
	Number:	State:
Date Hired or Used by the Operation or Agency:		
<p>Contact Information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual. Preferred Method of contact for scheduling fingerprint appointment:</p>		
<input type="checkbox"/> Email:		
<input type="checkbox"/> Telephone number:		