COMMUNITIES IN SCHOOLS of CAMERON COUNTY
APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: **PRINT IN BLACK INK**. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA". Do not leave questions blank. Be sure to sign when completed. Communities In Schools of Cameron County is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Name_____ Social Security No _____ -_____-_____
      (Last)   (First)   (Middle)

Mailing Address_____PH (_____) _____
      (Street)   (City)   (State)   (Zip)   (Home Phone)

E-Mail Address_____ PH (_____) _____
                  (Other phone)

List any other names used if different from name on this application._____

Referred by: _____

Position Applying For:	Salary Desired

Do you have any relative working for this agency? Yes ☐ No ☐
(If so, list names and relationships: _____

Full Time ☐   Part-Time ☐   Summer ☐   Temp/Project ☐   Date available for work? _____

Have you every applied to this company before? Yes ☐ No ☐

Are you willing to Travel?   Yes ☐ No ☐

Current Driver's License # (If required for position) _____/_____
                (State)   (Number)

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? Yes ☐ No ☐

If you answer is "Yes", explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you but a false statement will. _____

Education (Note: Application may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations)

Indicate Highest Grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from high school or receive GED?   Yes ☐   No ☐

	Name and Location of School	Dates Attended		Date Graduated	Expected Graduation Date	Semester/ Clock Hours	Type of Diploma or Degree	Major/ Minor Fields of Study
		From	To					
		Mo	Yr	Mo	Yr					
Undergraduate Colleges or Universities								
Graduate Schools								
Technical, Vocational, Or Business Schools								

An Equal Opportunity Employer

If a license, certificate, or other authorization is required or related to the position or which you are applying, complete the following:

License/Certification	Date Issued	Date Expires	Issued by/Location of Issuing Authority (State or other authority) (City & State)

Special Training/Skills/Qualifications: List all related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, types of software and hardware. (Attach additional page, if necessary.)

_____

Approximately how many words per minute do you type? _____

Do you speak a language other than English? (If required for this position) Yes ☐ No ☐

If yes, what language(s) do you speak? How fluently? Fair ☐   Good ☐   Excellent ☐

Do you write in a language other than English? (If required for this position) Yes ☐   No ☐

If yes, which language(s) _____

Please list your employment references below:
Reference Name: _____
Reference Organization: _____
Relationship to applicant:_____
Reference Phone Number: _____

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Reference Organization: _____
Relationship to applicant:_____

Reference Phone Number: _____

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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING ACCEPTANCE BY SIGNING IN THE SPACE RPOVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire, or if hired termination.

2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.

3. I understand that the Communities In Schools requires all males who are 18 through 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.

4. I understand that some agencies will check with the Texas Department of Public Safety, the Federal Bureau of Investigation, or other organizations for any criminal history in accordance with applicable statutes.

5. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

THIS APPLICATION MUST BE SIGNED

Sign Here: _____   _____
                         Signature – Applicant   **Date**

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Employment History

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include <u>All</u> employment. Begin with your current or last position and work back to your first.
2. Employment history should include each position held, even those with the same employer.
3. Employer ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.
4. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
5. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same format as this application form.

Name: _____   _____
            Last   First   Middle   Social Security Number

Position Title: Employer: Mailing Address: City & State/Zip: Employer's Telephone No: AC ( )					Immediate Supervisor Name: Title:	Full-Time ☐
						Part-Time ☐
						Summer ☐
						Temp/Project ☐
Starting Date			Leaving Date			Current/Final Salary	Technical ☐ Non Managerial ☐	Supervisor's Telephone No.: AC ( )	Give average # of hours worked per week if part time:
Mo.	Day	Yr.	Mo.	Day	Yr.	$	Supervisory/Managerial ☐	If supervisory, number of employee you supervised:	
Summary Experience:									

Specific reason for leaving:

Position Title: Employer: Mailing Address: City & State/Zip: Employer's Telephone No: AC ( )						Immediate Supervisor Name: Title:	Full-Time ☐
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							Summer ☐
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