

APPLICATION FOR EMPLOYMENT

**Please complete all sections; incomplete applications will not be considered.
The Arc of San Antonio is an equal opportunity employer.**

PERSONAL INFORMATION

Name: _____
First
Middle
Last

Address: _____
Street
Apt. #

City
State
Zip

Phone Number: (____) _____ **E-Mail Address:** _____

Driver's License Number: _____ **State:** _____

Are you a United States citizen? Yes___ No___

If not, are you eligible to work in the United States? Yes___ No___

Have you ever been convicted of or pleaded no contest to a felony? Yes___ No___

If yes, explain: _____

POSITION / AVAILABILITY

Position Applied For: _____

Days / Hours Available

| Days | Sun. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. |
|------------------------|-------------|-------------|--------------|-------------|---------------|-------------|-------------|
| Hours Available | From: | From: | From: | From: | From: | From: | From: |
| | To: | To: | To: | To: | To: | To: | To: |

What date are you available to start working? _____

EDUCATION

| Name and Address of School(s) | Diploma Major Degree | Date Graduated |
|-------------------------------|--|-------------------|
| High School: | GED: <input type="checkbox"/> Yes <input type="checkbox"/> No or Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College/Technical School: | Certification/Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College/Technical School: | Certification/Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College/Technical School: | Certification/Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

SKILLS / QUALIFICATIONS

Please list any special skills, qualifications, certifications, licenses or awards you have that may be applicable to the job being applied for:

Please list any equipment or machinery you can operate that may be applicable to the job being applied for:

EMPLOYMENT HISTORY

Please provide information on your last four jobs beginning with the present or most recent.

Name of Employer: _____

Address: _____

Name of Supervisor: _____

Phone Number: _____

E-Mail Address: _____

Position / Title: _____

Date Employment Began: _____ Date Employment Ended: _____

Job Duties / Responsibilities: _____

Ending Pay Rate: \$ _____ Per Hour ___ Weekly ___ Bi-Monthly ___ Monthly ___

Reason For Leaving: _____

Name of Employer: _____

Address: _____

Name of Supervisor: _____

Phone Number: _____

E-Mail Address: _____

Position / Title: _____

Date Employment Began: _____ Date Employment Ended: _____

Job Duties / Responsibilities: _____

Ending Pay Rate: \$ _____ Per Hour ___ Weekly ___ Bi-Monthly ___ Monthly ___

Reason For Leaving: _____

Name of Employer: _____

Address: _____

Name of Supervisor: _____

Phone Number: _____

E-Mail Address: _____

Position / Title: _____

Date Employment Began: _____ **Date Employment Ended:** _____

Job Duties / Responsibilities: _____

Ending Pay Rate: \$ _____ **Per Hour** ___ **Weekly** ___ **Bi-Monthly** ___ **Monthly** ___

Reason For Leaving: _____

Name of Employer: _____

Address: _____

Name of Supervisor: _____

Phone Number: _____

E-Mail Address: _____

Position / Title: _____

Date Employment Began: _____ **Date Employment Ended:** _____

Job Duties / Responsibilities: _____

Ending Pay Rate: \$ _____ **Per Hour** ___ **Weekly** ___ **Bi-Monthly** ___ **Monthly** ___

Reason For Leaving: _____

May we contact your present employer? Yes___ No___

May we conduct a criminal history background check? Yes___ No___

REFERENCES

Please provide three personal / professional references

| Name / Title | Address | Occupation | Phone |
|--------------|---------|------------|-------|
| | | | () |
| | | | () |
| | | | () |

I certify that information provided in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed in the application.

Applicant's Signature: _____ Date: _____

| For Office Use Only | |
|-----------------------------|-------|
| Date Interviewed: _____ | |
| Interviewed By: _____ | _____ |
| Signature | Title |
| Print Name: _____ | |
| Department / Program: _____ | |