## APPLICATION FOR EMPLOYMENT

# ECONOMIC OPPORTUNITIES ADVANCEMENT CORPORATION OF PLANNING REGION XI

# 500 Franklin Avenue Waco, Texas 76701

## AN EQUAL OPPORTUNITY EMPLOYER

Economic Opportunities Advancement Corporation of Planning Region XI (the "Company") does not discriminate in hiring or employment on the basis of race, color, age, sex, religion, creed, national origin, ancestry, veteran status or disability. No question on this application is intended to secure information to be used for such discrimination. The Company will reasonably accommodate all applicants and employees with disabilities if the Company is informed of such disability.

PLEASE PRINT Date:					
Name:					
Last		First			Middle
Address:					
Number Street		City	State	Zip	
Telephone: ()	_		Social Security No.:	/	/
Are you eighteen years of age or older?	O Yes	O No			
Have you filed an application here before?	O Yes	○ No			
If yes, give date:					
Have you ever been employed here before?	O Yes	O No			
If yes, give date:	and rea	son for le	aving:		
	XX /I				
	_ What v	vas your r	name at that time?		
Are you employed now? ○ Yes ○ No					
May we contact your present employer?	O Yes	O No			
Any friends or relatives working for this Con	mpany?	If so who	9?		
What job are you applying for?					
If any, please list any and all pending and pr Child sexual abuse	ior crimi	nal arrest	s and charges which incl	ude (but n	ot limited to):
Abuse and neglect All convictions of violence and felonies Fraud Theft					

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Hot checks Domestic violence Terroristic threats Hand gun violations Violence in the workplace

Please include the	date of these arrests/charges and the	e disposition of the same.
_ <del>_</del> =		
		nt. Any information supplied regarding the circumstances hay attach additional information which you want considered
On what date would you	u be available for work?	
Are you available to wo	orkfull-timepart-time days	part-time evenings
	other:	
Vhich shift do you pref	er to work?	
Vill you work on anoth	er shift? O Yes O No	
Vill you work overtime	e, if asked? O Yes O No	
are you available to wo	ork on Saturdays and Sundays?	
ist any special conside	erations which would affect the hou	ırs you could work:
Current and Former Em	aployers: (List below last three employers)	ployers starting with the current or last one first.)
Business	Address	Telephone No.
Supervisor	Position	Dates Employed From: To:

Reason for Leaving		Last Wages	
2			
Business	Address	Telephone No.	
Supervisor	Position	Dates Employed From: To:	
Reason for Leaving		Last Wages	
3			
Business	Address	Telephone No.	
Supervisor	Position	Dates Employed From: To:	
Reason for Leaving	MILITA	Last Wages RY SERVICE	
Have you served in the	e U.S. Armed Forces?		
What Branch:	Highest Rank or	Rating:	
Duties and special trai	ning:		
References: Give bel	ow the names of three persons no	t related to you.	
Name	Address	Telephone Years Acquainted	
1			
2			
3			
Special skills and qual	ifications: (Summarize special sk	ills and qualifications acquired from employment exp	perience.)
	EDU	UCATION	
School Level	Name & Location	Numbers of Did you Years Attended Graduate	e
Grammar School:			

High School:	
College:	
Trade or Business	
School:	
Honors received:	

#### ADDITIONAL INFORMATION

application.	below if you	wish to volunte	eer additional	information	you feel may	be helpful	to us in cons	idering you

NOTE: Please carefully read the statements below. After you have read the statements, please sign and date in the space provided below.

"I certify that the facts contained in this application and in any resume or other material provided to the Company and in any oral statements by me are true and complete to the best of my knowledge. I understand that, if employed, omissions, incomplete statements, or false statements on this application or other materials supplied to the Company or in oral statements by me in the hiring process shall be grounds for dismissal.

I authorize investigation of all statements contained herein and authorize the employers and references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you."

#### I UNDERSTAND AND AGREE THAT, IF HIRED:

- 1. MY EMPLOYMENT IS FOR NO DEFINITE PERIOD BUT MAY BE TERMINATED BY THE COMPANY AT ANY TIME WITHOUT ANY PRIOR NOTICE AND WITHOUT CAUSE.
- 2. NO OFFICER OR EMPLOYEE OF THE COMPANY CAN GUARANTEE ME EMPLOYMENT FOR ANY PERIOD OF TIME OR ANY SPECIFIC SALARY BENEFITS EXCEPT BY A WRITTEN EMPLOYMENT AGREEMENT BETWEEN ME AND THE COMPANY SIGNED BY THE <u>EXECUTIVE DIRECTOR</u> OF THE COMPANY <u>or Policy Committee</u> are mandated.
- 3. I WILL COMPLY WITH ALL RULES AND REGULATIONS OF THE COMPANY INCLUDING THE DRUG AND ALCOHOL POLICY. I UNDERSTAND THE COMPANY'S RULES, REGULATIONS AND POLICIES ARE NOT A CONTRACT AND MAY BE CHANGED OR WAIVED BY THE COMPANY AT ANY TIME.
- 4. I WILL BE A CONTRACT SERVICE EMPLOYEE UNTIL ALL ASPECTS OF THE EMPLOYMENT PROCESS HAVE BEEN COMPLETED INCLUDING A Post Offer PHYSICAL, CRIMINAL HISTORY CHECK, FINGERPRINT REQUIREMENTS AND ANY TRIAL PERIOD OF EMPLOYMENT, AND NECESSARY APPROVALS. MY REGULAR EMPLOYMENT AND MY INSURANCE AND OTHER BENEFITS WILL ONLY BEGIN AFTER THE ENTIRE APPROVAL PROCESS HAS BEEN COMPLETED. MY DATE OF EMPLOYMENT WILL BE THE DATE MY REGULAR EMPLOYMENT BEGINS.

:	Signed:	