



APPLICATION FOR EMPLOYMENT

APPLICANT INSTRUCTIONS

Thank you for your interest in employment with our Organization. We appreciate your application, and look forward to the possibility of you joining our team. This sheet is for your information. Please read it carefully.

If you need any assistance or accommodation to facilitate the filling out of this form, please contact our Human Resource Department at 512-763-1400.

This application form is intended for use in evaluating your qualifications for employment. This is not a contract for employment. False or misleading information given in this form or during the interviewing process are grounds for terminating the application process or, if discovered after employment, for terminating employment.

As an Equal Opportunity Employer, we make decisions to hire and promote without regard to race, color, creed, national origin, sex, physical or mental disability (unrelated to ability to do the job), or age (as defined by law).

Employment by this Organization, both during and after the Evaluation/Training Period, is "at will." That is, either the employee or the Organization may end the employment relationship at any time for any reason or for no reason.

Also, no representative of the Organization, except the Executive Director, has the authority to enter into any agreement for employment for any specific period of time.

—
I have read and understood the above information.

Signature _____ Date _____

APPLICATION FOR EMPLOYMENT

(Please Print)

1. Position Desired _____ Today's Date _____
2. How did you learn about us?
 Advertisement Friend Walk-In Relative Other _____
3. Name (Last) _____ (First) _____ (Middle) _____
4. Address _____ City _____ State _____ Zip _____
5. Telephone Number(s) _____ Social Security Number _____
6. Email Address: _____
7. Are you over 18 years of age? Yes No
8. If less than 18 years of age, can you provide proof of eligibility to work?
 Yes No
9. Have you ever filed an application with us before? Yes No
10. Do you have a relative who works for WBC Opportunities? Yes No
If so, who? _____
11. Are you physically or otherwise unable to perform the duties of the job you are applying for? Yes No
If yes, please describe _____
12. Are you currently employed? Yes No
13. May we contact your present employer? Yes No
14. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.
15. On what date would you be available for work? _____
16. Availability: Full Time Part Time Temporary
17. Can you travel if a job requires it? Yes No
18. Have you ever been convicted of a felony? Yes No
City/State _____ Charge _____
Conviction of a felony will not necessarily bar you from employment.

EMPLOYMENT RECORDS

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Name _____ Phone _____

Address _____

Positions/Duties: _____

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Supervisor: _____

Reason for leaving _____

Name _____ Phone _____

Address _____

Positions/Duties: _____

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Supervisor: _____

Reason for leaving _____

Name _____ Phone _____

Address _____

Positions/Duties: _____

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Supervisor: _____

Reason for leaving _____

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Certificates				
Trade, Business Correspondence School				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

If you are applying for a position with the Head Start program, please write a brief paragraph stating why you would like to work with Head Start.

List professional trade, business or civic activities and offices held.

REFERENCES

Below, list the names of three (3) persons you are not related to, whom you have known at least one year.

1.	_____	_____
	Name	Phone #
	_____	_____
	Address	Relationship
2.	_____	_____
	Name	Phone #
	_____	_____
	Address	Relationship
3.	_____	_____
	Name	Phone #
	_____	_____
	Address	Relationship

Use this space to provide other information about your personal skills or qualities, work style, or communication skills which would further qualify you for this job.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application from employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

**PLEASE PRINT YOUR COMPLETED APPLICATION AND FAX TO
512-763-1411 OR EMAIL TO DMARTINEZ@WBCO.NET**

THANK YOU!