

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

(Women's Shelter of East Texas, Inc.)

PERSONAL INFORMATION	N			
			DATE	
NAMF:			SOCIAL SECU NUMBER:	RITY
NAME:	FIRST	MIDDLE		
PRESENT ADDRESS:				
	STREET	CITY	STATE	ZIP
PERMANENT ADDRESS:				
	STREET	CITY	STATE	ZIP
PHONE #:		ARE YOU 1	.8 YEARS OF OLDER	? Yes□ No□
HOME	CELL			
ARE YOU PREVENTED FRO	OM LAWFULLY BECOMING EM SE OF VISA OR IMMIGRATION	PLOYED	No 🗖	
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LIVII LOTIVILIAI DESINED		DATE YOU	DATE YOU SALARY	
POSITION:		CAN START:DESIRED:		ED:
IF SO, MAY WE INQUIRE RE YOU EMPLOYED NOW?OF YOUR PRESENT EMPLOYER?				
HAVE YOU WORKED FOR	THIS AGENCY BEFORE?	WHERE?	WHEN?	
REFERRED BY:				
EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				
GENERAL SUBJECTS OF SPECIAL STUD	y or research work:			
SPECIAL SKILLS:				
	C, ETC.) E OF WHICH INDICTES THE RACE, CREED, SEX			TITS MEMBERS.)
U.S. MILITARY/NAVAL SERVI	CE:	_PRESENT MEMBER II	N NATIONAL GUARD/	RESERVE:

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE.) DATE **EMPLOYER** MONTH & YEAR TOWN & PHONE # **SALARY POSITION REASON FOR LEAVING** FROM: TO: FROM: TO: FROM: TO: FROM: TO: WHICH OF THESE JOBS DID YOU LIKE BEST? WHAT DID YOU LIKE MOST ABOUT THIS JOB? **REFERENCES:** GIVE THE NAMES OF THREE PERSONAL REFERENCES NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST 1 YEAR PHONE # NAME ADDRESS (Required) YEARS KNOWN 1 2 3 IN CASE OF EMERGENCY NOTIFY: _____ NAME ADDRESS PHONE "I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN THE EXECUTIVE DIRECTOR, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE EXECUTIVE DIRECTOR, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT TO THE FOREGOING." I UNDERSTAND THAT THE FAMILY CRISIS CENTER (WOMEN'S SHELTER OF EAST TEXAS, INC.) WILL REFER TO ITS INTERAL DATABASE TO DETERMINE IF APPLICANTS ARE A CURRENT OR FORMER CLIENT. SUBMITTING THIS APPLICATION FOR EMPLOYMENT WILL CONSTITUTE YOUR CONSENT FOR FAMILY CRISIS CENTER (WOMEN'S SHELTER OF EAST TEXAS, INC.) TO REFER TO ITS CLIENT DATABASE AS PART OF THE ASSESSMENT PROCESS TO DETERMINE YOUR ELIGIBILITY TO APPLY FOR A VACANT POSITION WITH FAMILY CRISIS CENTER (WOMEN'S SHELTER OF EAST TEXAS, INC.) DATE: SIGNATURE: **AGENCY USE ONLY** REFERENCE CHECK Reference #1: NAME OF REFERENCE FCC EMPLOYEE COMPLETING REFERENCE CHECK DATE Reference #2: NAME OF REFERENCE FCC EMPLOYEE COMPLETING REFERENCE CHECK DATE

FCC EMPLOYEE COMPLETING REFERENCE CHECK

DATE

NAME OF REFERENCE

Reference #3: ____

Release for Background Check

I understand tha	t a background check is required in order to become an employee/
	(Women's Shelter of East Texas, Inc.) I realize that this background
	ffender information. I agree to provide the necessary information in
•	er agree that presence of criminal history may exclude or eliminate me
·	- · · · · · · · · · · · · · · · · · · ·
• • • •	of the Women's Shelter of East Texas, Inc. I understand that any
	e released to anyone by any official representative of The Women's
Shelter of East Texas, Inc. By signing below I certi	ify that I have not been convicted of any crimes, I have a valid driver's
license and there is nothing that will inhibit me fr	om participating as a volunteer of the Women's Shelter of East Texas,
Inc.	
	
Signature	Date
Print Name (as shown on Driver's License)	
Driver's License Number (list state as well)	
OR	
Social Security Number	
Date of Birth	
Date of Birth	
City/State Born	
Chy/State Born	
Ethnicity	
Background Check Completed By:	Date
Dealers and Cheek Status	Dagard
Background Check Status: Clear	_ Record (See attached information)
	(See attached information)
Lunderstand that the Family Crisis Center of Fas	t Texas (Women's Shelter of East Texas Inc.) will refer to the agency's
•	for employment, board member consideration, volunteer work or
• •	ncy policies and procedures, former clients may serve in a board, staff
•	ring termination of client services from WSET with the approval of the
	e your consent for the Family Crisis Center of East Texas (Women's
Shelter of East Texas Inc.) to refer to the Interage	ncy client database as a part of the background application process.
Signature	 Date
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