

Brazos Valley Community Action Programs Application for Employment

Please Note: Complete the application to the best of your ability. All information will be considered confidential. We consider all applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. This application does not constitute an employment agreement. Brazos Valley Community Action Programs is an At-Will employer and may terminate with or without notice for cause or without cause. This application may be rejected if it is not completed in its entirety. Brazos Valley Community Action Programs reserves the right to reject this application or terminate employment if the information contained in the application is found to be false or misleading.

Today's Date: _____ **Name of Applicant:** _____

Address: _____
Street

City State Zip Code

Home Telephone: (____) _____ **Best time to contact you?** _____

Alternate Telephone Number (____) _____ **E-mail:** _____

Social Security Number: ____ - ____ - _____

How were you referred to us? ____ **Newspaper;** ____ **Website;** ____ **Current Employee**
____ **Friend or Relative; other:** _____ **Have**

you ever been employed with Brazos Valley Community Action Programs. before?

____ **Yes;** ____ **No**

If yes, give dates: _____; **Location:** _____

Are you related to a current board member of Brazos Valley Community Action Programs of Trustees or any current employee of Brazos Valley Community Action Programs?

____ **Yes;** ____ **No**

If yes, please state their name and your relationship to that person(s) _____

WORK DESIRED

Indicate the position(s) for which you are applying: _____

Indicate type of work: ____ **Full-time;** ____ **Part-time, if part-time specify days/hours wanted**

____; ____ **Temporary**

Desired salary? _____ **Annually;** _____ **Hourly**

Date available to start? _____

GENERAL INFORMATION

Are you legally authorized to work in the United States? ____ **Yes;** ____ **No**

Are you under the age of 18? ____ **Yes;** ____ **No**

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without accommodations? ____ **Yes;** ____ **No**

Please indicate any accommodations required: _____

***Have you ever been charged or convicted of a crime?** ____ **Yes;** ____ **No**

If yes, Date(s): _____; Nature of crime: _____

Circumstances: _____

*A conviction record may not necessarily bar an applicant from employment. Facts such as length of time since the conviction and type of conviction will be considered.

SKILLS/EDUCATION

Business machines you can operate: _____

Typing speed: _____ wpm; Keyboard speed: _____ wpm

Software knowledge: _____

Bilingual (Specify): _____

	Print name, city, and state for each school listing	Number of Years Completed	Degree, Major, or Type of Course
High School			
College			
Graduate School			
Trade, Business, Night, or Correspondence			
Other			

Please indicate any other information that you think would be helpful to us in considering you for employment, such as additional work/volunteer/training experience, activities, articles/books published, accomplishments, etc. (Please exclude all information indicative of age, sex, race, religion, color, national origin, or disability).

MILITARY EXPERIENCE

Were you in the U.S. Armed Forces? ___ Yes; ___ No If yes, what branch? _____

Rank at separation: _____

Briefly describe your duties: _____

EMPLOYMENT HISTORY

List employer(s) for your work experience(s) beginning with your present or most recent. (Use other side of this page, if necessary.)

Employer: _____
Address: _____
Telephone: (____) _____ Employed From: _____ Mo. /Yr. To: _____ Mo. /Yr.
Salary: Start _____ End _____ Supervisor's Name: _____
Your Job Title: _____
Reason for Leaving: _____
May we contact this employer? ____ Yes; ____ No
Duties: _____

Employer: _____
Address: _____
Telephone: (____) _____ Employed From: _____ Mo. /Yr. To: _____ Mo. /Yr.
Salary: Start _____ End _____ Supervisor's Name: _____
Your Job Title: _____
Reason for Leaving: _____
May we contact this employer? ____ Yes; ____ No
Duties: _____

Employer: _____
Address: _____
Telephone: (____) _____ Employed From: _____ Mo. /Yr. To: _____ Mo. /Yr.
Salary: Start _____ End _____ Supervisor's Name: _____
Your Job Title: _____
Reason for Leaving: _____
May we contact this employer? ____ Yes; ____ No
Duties: _____

Employer: _____
 Address: _____
 Telephone: () _____ Employed From: _____ Mo. /Yr. To: _____ Mo. /Yr.
 Salary: Start _____ End _____ Supervisor's Name: _____
 Your Job Title: _____
 Reason for Leaving: _____
 May we contact this employer? Yes; No
 Duties: _____

REFERENCES

Name: _____ Telephone: () _____

Name: _____ Telephone: () _____

Name: _____ Telephone: () _____

APPLICANT'S STATEMENT

The answers and information presented in this application are complete and accurate. I authorize Brazos Valley Community Action Programs to investigate all information presented in this application or interview(s) in the consideration of an employment decision for the position(s) for which I have applied.

I understand and acknowledge that Brazos Valley Community Action Programs. is an At-Will employer and that if hired, as an employee, I may resign at any time and that Brazos Valley Community Action Programs. may terminate my employment at any time with or without cause. I understand that At-Will status can only be changed through a written agreement duly authorized and executed by the Executive Director of Brazos Valley Community Action Programs. Nothing in this application or any Agency document or statement will be considered as creating guaranteed or continued employment. I further understand and acknowledge that false or misleading information provided in this application or interview(s) may result in rejection of this application or termination of employment if I am hired.

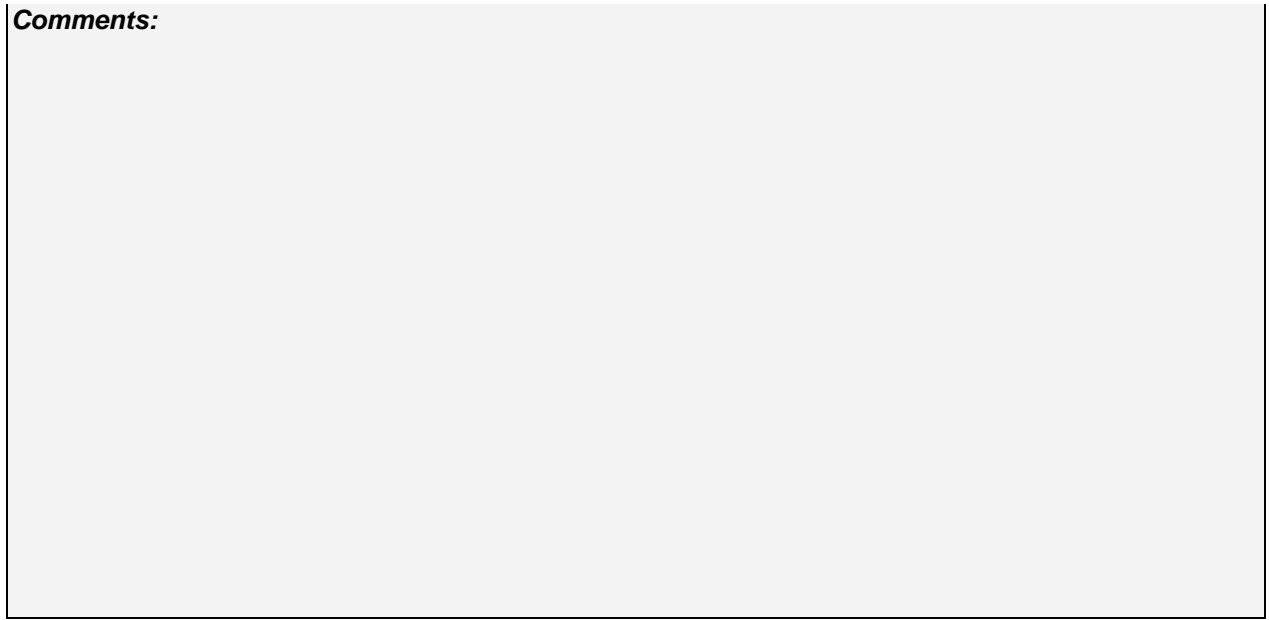
 Signature of Applicant

 Date

Administrative use only

Interview Date: _____ Interviewed by: _____

Comments:



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