



P.O. Box 20395
Waco, TX 76702
Bus: (254) 772-8999
Fax: (254) 772-4770

APPLICATION FOR EMPLOYMENT

***ALL APPLICANTS WILL HAVE A BACKGROUND / DRIVING RECORD CHECK**

Date: _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

How Long: _____ Social Security No.: _____

Email: _____ Phone Number: _____

Referred By: _____
(Please state name of any relatives, other than spouse, already employed by this company).

ADDITIONAL APPLICANT INFORMATION

Have you ever been convicted of a crime or felony? No _____ Yes _____

If yes, please explain: _____

Current Licenses / Certifications: _____ Date Received: _____

What foreign Languages do you speak fluently? _____ Read? _____ Write? _____

Please list any additional activities: _____

EMPLOYMENT DESIRED

Full Time _____ Part-Time _____ Either _____

Position: _____ Date Available: _____ Desired Salary: _____

Are you currently employed: _____ If so, may we contact your current employer? _____

Have you ever applied to this company before? _____ When? _____

If Part-Time, how many hours available weekly? _____ Available nights/weekends? _____



P.O. Box 20395
Waco, TX 76702
Bus: (254) 772-8999
Fax: (254) 772-4770

EMPLOYER #2 COMPANY NAME: _____

Last Job Title: _____ Phone Number: _____

Address: _____

	Street	City	State	Zip
Employment Date				Hourly
From: _____	To: _____	Salary / Wage: _____		Yearly

Name of Supervisor: _____

Explain reason for leaving below and why you chose your next place of employment to apply at.

List jobs you held, duties performed, skills used or learned, advancements or promotions, etc.

EMPLOYER #3 COMPANY NAME: _____

Last Job Title: _____ Phone Number: _____

Address: _____

	Street	City	State	Zip
Employment Date				Hourly
From: _____	To: _____	Salary / Wage: _____		Yearly

Name of Supervisor: _____

Explain reason for leaving below and why you chose your next place of employment to apply at.

List jobs you held, duties performed, skills used or learned, advancements or promotions, etc.



P.O. Box 20395
Waco, TX 76702
Bus: (254) 772-8999
Fax: (254) 772-4770

REFERENCES

As a part of the Family Abuse Center's selection process, a representative of the company will check your educational and employment references. We may contact references provided by you as well as other knowledgeable sources. We will ask questions concerning your education and work experience. All disclosures required by law will be made to you.

Please list **three** references other than relatives **one** of which needs to be current or previous employer:

#1 CURRENT OR PREVIOUS EMPLOYER REFERENCE:

Name: _____ Position: _____
Company: _____ Phone: _____
Address: _____ Yrs. Acquainted: _____

FAC OFFICAL USE ONLY: Documentation of Reference check:

Date contacted: _____ Second Attempt _____
Method of contact: Phone E-mail Fax Letter
Notes:

Reference Checked by: _____

#2 PERSONAL REFERENCE:

Name: _____ Position: _____
Company: _____ Phone: _____
Address: _____ Yrs. Acquainted: _____

FAC OFFICAL USE ONLY: Documentation of Reference check:

Date contacted: _____ Second Attempt _____
Method of contact: Phone E-mail Fax Letter
Notes:

Reference Checked by: _____



P.O. Box 20395
Waco, TX 76702
Bus: (254) 772-8999
Fax: (254) 772-4770

#3 PERSONAL REFERENCE:

Name: _____ Position: _____

Company: _____ Phone: _____

Address: _____ Yrs. Acquainted: _____

FAC OFFICAL USE ONLY: Documentation of Reference check:

Date contacted: _____ Second Attempt _____

Method of contact: Phone E-mail Fax Letter

Notes:

Reference Checked by: _____

I have read and understand the reference checking policy of Family Abuse Center. I voluntarily consent to allowing Family Abuse Center or any of its officers, representatives, agents, or designees to check references by contacting any person whom they feel to be an appropriate source. I understand that the procedure includes asking questions the company considers relevant concerning my education and work experience.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of wages and salary, be terminated at any time without any previous notice.

Signature: _____

Date: _____