

Valley AIDS Council

Employment Application

POSITION APPLIED FOR: _____

APPLICANT TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

YOUR NAME: _____
Last First Middle

ADDRESS: _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.?

☐ Yes ☐ No (If yes, verification will be required.)

I AM SEEKING A PERMANENT POSITION: ☐ Yes ☐ No

IF NECESSARY FOR THE JOB I AM ABLE TO:

Are you able to perform the essential functions
of the position with or without accommodations?

☐ Yes ☐ No

Work (which shifts)? _____

Work overtime? _____

Provide a valid Texas Drivers License #? _____

IF NECESSARY FOR THE JOB, ARE YOU OVER (Please mark one) 14__ 15__ 16__ 18__ 19__ 21__

I WILL BE ABLE TO REPORT TO WORK ____ DAYS AFTER BEING NOTIFIED THAT I AM HIRED.

EDUCATION:	Yrs. Completed	Field of Study	Graduate or Degree
High School _____			
College/University _____			
Business/Technical _____			
Other (May include grammar school) _____			

MILITARY SERVICE: ☐ Yes ☐ No

Duty/Specialized Training: _____

REFERENCES: List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT: List last employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary (following this section), or use an extra sheet of paper if necessary.

Employer Name and Address	Position Title/Duties Skills	Starting Pay: _____ Ending Pay: _____	Dates Employed from _____ to _____

_____			Reason for leaving
_____	Supervisor's Name: _____	Telephone: _____	

Employer Name and Address	Position Title/Duties Skills	Starting Pay: _____ Ending Pay: _____	Dates Employed from _____ to _____

_____			Reason for leaving
_____	Supervisor's Name: _____	Telephone: _____	

EMPLOYMENT CONTINUED...

Employer Name and Address	Position Title/Duties Skills	Starting Pay: _____ Ending Pay: _____	Dates Employed from _____ to _____
			Reason for leaving
	Supervisor's Name: _____	Telephone: _____	

Employer Name and Address	Position Title/Duties Skills	Starting Pay: _____ Ending Pay: _____	Dates Employed from _____ to _____
			Reason for leaving
	Supervisor's Name: _____	Telephone: _____	

Summarize other employment related to this job: _____

Types of computers, other electronic or mechanical equipment that you are qualified to operate or repair: _____

Typing speed: _____ per minute.

Professional Licenses, Certifications or Registrations: _____

Additional skills including supervision skills, other languages, or information regarding the career/occupation you wish to bring to the employer's attention: _____

Are you related to any Board Member or current VAC/Westbrook Clinic employee if so, Please name them: _____
 Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? ____ Yes or ____ NO If "Yes", please explain in concise detail on a separate page, giving dates and nature of offense, name a location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: This agency may require additional information related to convictions of misdemeanors.

PLEASE READ THE FOLLOWING STATEMENTS:

1. I certify that all the information provided by me in connection with my application, whether or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire, or if hired termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that Valley AIDS Council will check with the Texas Department of Public Safety, State and National Sex Offender registries, State and National Office of Inspector General, the Federal Bureau of Investigation and other organizations for any criminal history in accordance with applicable statutes.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered in this application, and release all such parties from all liability from any damages which may result from furnishing such information to you.

Signature: _____

Date: _____

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional failure to provide it will have no affect on your application for employment.