



THE VILLAGE
AT INCARNATE WORD

THE VILLAGE AT INCARNATE WORD APPLICATION FOR EMPLOYMENT

The Village at Incarnate Word is an Equal Opportunity Employer and complies with federal and state laws which prohibit discrimination and employment practices because of race, color, religion, sex, age, national origin or disability. The questions on this application are not intended to identify or exclude any applicant for employment because of these conditions. The Village at Incarnate Word also prohibits harassment in the workplace.

PERSONAL INFORMATION:

DATE: _____

NAME: _____
Last First Middle

PRESENT ADDRESS: _____
Street/Route/P.O. Box City, State, Zip code

PHONE NUMBER: () _____ SOCIAL SECURITY NO.: _____

Are you at least 18 years old? Yes () No ()

Are you authorized to work in the United States? Yes () No ()

EMPLOYMENT DESIRED:

POSITION: _____ DATE AVAILABLE: _____ SALARY DESIRED: _____

Are you currently employed? Yes () No () May we contact your employer? Yes () No ()

Have you ever applied with us before? Yes () No ()

Are you related to anyone who works at The Village of Incarnate Word? Yes () No ()

If yes, to whom? _____

You were referred to us by? _____ Desired Shift/Hours: _____

EDUCATION/SKILLS:

Education	Name and Location of School	No. of Years Attended	Did you Graduate?	Subjects Studied
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Grammar School _____

High School _____

College _____

Trade, Business or Correspondence School: _____

Describe any experiences, skills or qualifications which would be of special benefit in the job for which you are applying:

EMPLOYMENT HISTORY: (List all jobs held in the last 10 years, full-time or part-time, starting with current or most recent. Ask for the Additional Employment Form if more space required.):

Current or last employer:

Name: _____ Phone: _____
Address: _____ From: ___/___/___ To: ___/___/___
Supervisor: _____ Weekly Wages: _____
Position & Duties: _____
Reason for Leaving: _____

Next Previous Employer:

Name: _____ Phone: _____
Address: _____ From: ___/___/___ To: ___/___/___
Supervisor: _____ Weekly Wages: _____
Position & Duties: _____
Reason for Leaving: _____

Next Previous Employer:

Name: _____ Phone: _____
Address: _____ From: ___/___/___ To: ___/___/___
Supervisor: _____ Weekly Wages: _____
Position & Duties: _____
Reason for Leaving: _____

Next Previous Employer:

Name: _____ Phone: _____
Address: _____ From: ___/___/___ To: ___/___/___
Supervisor: _____ Weekly Wages: _____
Position & Duties: _____
Reason for Leaving: _____

Have you ever been discharged or fired from a job? YES () NO () IF YES, please state the employer and the reason. _____

Have you ever worked in another state? YES () NO () IF YES, please list the state(s) you worked in. _____

Have you ever been convicted, pled guilty or received probation, pre-trial diversion, deferred adjudication or court-ordered community supervision for any criminal offense (felonies or misdemeanors) other than traffic violations? YES () NO () IF YES, provide complete information, including dates, criminal offense and disposition.

Are you currently serving probation, pre-trial diversion, deferred adjudication or court ordered community supervision? YES () NO () IF YES, provide complete information including criminal offense, current status and expected completion date.

REFERENCES: (Give the names of three persons not related to you whom you have known at least one year):

NAME	COMPLETE ADDRESS/TELEPHONE	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS: (Please list all applicable licenses which you have or have had.):

License/Certification State Issuing Number Date Issued Date Expires

Have you ever had a license or certification suspended, revoked or not renewed? If yes, explain in detail. If no, write none.

IN CASE OF EMERGENCY, NOTIFY: _____
NAME

ADDRESS: _____ PHONE NO.: _____

Applicant Verification

I certify that all information given on this application is true, correct and complete to the best of my knowledge. I also certify that I have accounted for my last ten (10) years of work experiences and any relevant training on this application, and that I have not withheld any fact or circumstance which would, if disclosed, affect my application unfavorably. *Applicant Initials:* _____

The Village at Incarnate Word is hereby authorized to make any investigation of my employer, past employer, education, or criminal history through any investigative agencies or bureaus of its choice. I release all relevant parties from all liability of any damages resulting from furnishing such information.

If employed by The Village at Incarnate Word, I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will be cause for immediate dismissal. I authorize any inquiry to be made on any information as may be required to complete my employment file. I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such scheduling changes as directed by my supervisor.

I understand that if hired, I will be required to complete a Federal I-9 form and provide documents verifying my identity and right to work in the United States.

I further understand that this is an application for employment and that no employment contract, either express or implied, is being offered. I also understand that if employed, such employment is for an indefinite period and can be terminated at will by either party, with or without notice, at any time, for any or no reason, and is subject to change in wages, conditions, benefits and operating policies.

DATE OF APPLICATION: _____ SIGNATURE: _____