

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 sta	te name of any relatives, other than	spouse, already e	mployed by this co	mpany).
ADDITIONAL APPLICANT	INFORMATION			
Have you ever been convic	eted of a crime or felony?	No	Ye	s
If yes inlease explain:				
ii yes, piedse expidiii.				
Current Licenses / Certific	ations:	D	ate Received:	
What foreign Languages do	o you speak fluently?	R	ead? V	/rite?
Please list any additional a	ctivities:			
EMPLOYMENT DESIRED				
Full Time Pa	rt-Time Either			
Position:	Date Available: _		Desired Salary: _	
Are you currently employe	d: If so, may we con	tact your current	employer?	
Have you ever applied to this company before?			/hen?	
If Part-Time, how many ho	urs available weekly?	Available	nights/weekends	s?

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	Name	Location	Check Highest Yr Completed	Graduated	Subjects Studied/ Degree Type
High School					
College/ Grad School					
Bus or Trade					
You may provide	e any additional i	nformation regar	ding education bel	ow.	
Before the hiring	revious three em	omplete, previous	with the most rece employment will be		
EMPLOYER#1C	JOI II AITI ITAI II	••			
			Phone Numbe	er:	
Last Job Title:					
Last Job Title: Address: Employment Dat From:	s re	street	City		e Zip Hourly

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



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EMPLOYER #2 COM	PANY NAME:			
Last Job Title:		Phone Number:		
Address:				
	Street	City	State	Zip
Employment Date		•		Hourly
From:	To:	_ Salary / Wage:		Yearly
Name of Sunervisor:				. ourty
•		ose your next place of emplo	oyment to apply at.	
<b>F</b>	<b>3</b> , , ,	, , , , , , , , , , , , , , , , , , ,		
List jobs you held, dut	ties performed, skills used	or learned, advancements o	r promotions, etc.	
	•			
EMPLOYER #3 COM	PANY NAME:			
Last Job Title:		_ Phone Number:		
Address:				
Add1033.	Street	City	State	Zip
Employment Date		2.13		Hourly
	To:	_ Salary / Wage:		•
1101111	10	_ Guary / Wago:		Yearly
Name of Supervisor:				
•		ose your next place of emplo	ovment to apply at.	
		oo your more process or or pro-		
Liet johe vou hold dut	tipe performed skills used	or learned, advancements o	r promotions ata	
List jobs you netu, uut	iioo periorrieu, skillo useu l	oi toaineu, auvantennents oi	promotions, etc.	

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## **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: Phone:\_\_\_\_\_ Company: Address: Yrs. Acquainted: \_\_\_\_\_ FAC OFFICAL USE ONLY: Documentation of Reference check: Date contacted: \_\_\_\_\_\_ Second Attempt\_\_\_ Method of contact: $\square$ Phone $\square$ E-mail $\square$ Fax $\square$ Letter Notes: Reference Checked by:\_\_\_\_\_ **#2 PERSONAL REFERENCE:** Name: \_\_\_\_\_Position:\_\_\_\_\_\_ Phone:\_\_\_\_\_ Company: Yrs. Acquainted: \_\_\_\_ Address: FAC OFFICAL USE ONLY: Documentation of Reference check: Date contacted: Second Attempt Method of contact: $\square$ Phone $\square$ E-mail Notes:

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Reference Checked by:\_\_\_\_\_



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## **#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 Fam allowing Family Abuse Center or any of its officers, represent references by contacting any person whom they feel to be an a procedure includes asking questions the company considers release experience.	ntatives, agents, or designees to check ppropriate source. I understand that the
I authorize investigation of all statements contained in misrepresentation or omission of facts called for is cause for dis that my employment is for no definite period and may, regardles salary, be terminated at any time without any previous notice.	smissal. Further, I understand and agree
Signature:	Date:

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