

APPLICATION FOR EMPLOYMENT Page 1 of 2
Friends of Elder Citizens, Inc., 705 Commerce, Palacios, TX 77465
EQUAL OPPORTUNITY EMPLOYER

Date: _____ Email: _____

Name: _____
Last First Middle

Address: _____
Street Number City State Zip Length of Residence

Please list other states where you've worked: _____

Home Phone # _____ Cell Phone # _____ Date avail. for work _____

Emergency Contact Name: _____ Phone: _____ Relationship: _____

Are you at least 18 years of age? _____ Are you presently employed? _____

Are you eligible to work in the U.S.? _____ Do you possess a valid drivers license? _____

Position you are applying for? _____ Salary requirements _____

Are you available to work Full-time Part time Shift work Temporary

Skills and Qualifications

How did you hear about FOEC? _____

Certifications/licenses applicable to the position applying for _____

List any career objectives you may have _____

Have you ever been convicted of a felony? _____ If so, when, where, and disposition of offense?

(Record of conviction does not necessarily disqualify an applicant from employment considerations.)

EDUCATION			
School Name/ Address	Number of Yrs. Completed	Area of Study	Did you Graduate?

Other Comments:

EMPLOYMENT HISTORY

Company Name Phone/Address <small>Begin with last position first</small>	Supervisor	Dates Month/ Year	Position Held	Rate of Pay	Reason for Leaving
		To: From:		\$ _____ HR or YR	
		To: From:		\$ _____ HR or YR	
		To: From:		\$ _____ HR or YR	
		To: From:		\$ _____ HR or YR	

May we contact your present employer? _____ **At least 7 years of work history must be provided. **
(Attach addl. Paper if necessary)

REFERENCES (at least 3 please)

Give name, address, and telephone number for three references who are not related to you and are not previous employers.

NAME	ADDRESS	PHONE
1.		
2.		
3.		
4.		

I understand and agree that: Any material misrepresentation or deliberate omission of a fact in my application may result in refusal of or if employed, immediate termination from employment. Although management makes every effort to accommodate individual preference, business needs may at times make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment. It is my understanding that Agency of will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Agency and I release from liability any person giving or receiving such information. I agree that my employment is at will and may be terminated by Agency or me at any time with or without notice or cause and without liability for wages or salary except such as may have been earned at the date of such termination. I further understand this is an application for employment and that no employment contract is being offered, nor will any result from my employment with Agency. I understand that if I am employed, such employment is for no definite period of time and that Agency can change wages, benefits, and conditions at any time.

I acknowledge that any oral representation or written statements which may have been made to me to the contrary of this paragraph are expressly disavowed and may not be relied upon.

Signature: _____

Date: _____

REFERENCE CHECKS

Reference	Comments	Checked by & date
1.		
2.		
3.		