



**Community Partners**  
**"Helping Children Succeed in Life, One Child at a Time"**

830.257.4446      www.doylescc.org  
**Employment Application**

Personal Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Present Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you 18 years old or older?  Yes  No

Have you ever been arrested/convicted for any legal offense? Yes \_\_\_ No \_\_\_ Status/Degree \_\_\_\_\_

Are you currently charged with (indictment or official complaints by county or district) a felony or misdemeanor, including deferred adjudication? Yes \_\_\_ No \_\_\_

Desired Employment:

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Have you ever worked for BBBS before?  Yes  No

Reason for leaving prior BBBS employment: \_\_\_\_\_

How did you hear about this position?  Employment agency  Newspaper advertising  Friend

State employment office  College placement service  Walk-in  other

Work History:

Are you currently employed?  Yes  No

List below your last four employers. List your current or most recent employer first.

Name of present or last employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Yearly Starting Salary: \_\_\_\_\_ Yearly Final Salary: \_\_\_\_\_ May we contact?  Yes  No

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of previous employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Yearly Starting Salary: \_\_\_\_\_ Yearly Final Salary: \_\_\_\_\_ May we contact?  Yes  No

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of previous employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Yearly Starting Salary: \_\_\_\_\_ Yearly Final Salary: \_\_\_\_\_ May we contact?  Yes  No

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of previous employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Yearly Starting Salary: \_\_\_\_\_ Yearly Final Salary: \_\_\_\_\_ May we contact?  Yes  No

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Education

School Level	Name & Location Of School	No. of Years Attended	Did you graduate?	Subjects studied
High School/GED				
College/University				
Other				

General:

Subjects of special study or research work: \_\_\_\_\_

Special training: \_\_\_\_\_

Special skills: \_\_\_\_\_

References:

Below, give the names of three people you are not related to, whom you have known at least one year. We would prefer that these references be your three previous supervisors, if possible.

Name	Phone Number	Business	Years Acquainted

**Authorization**

\*I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I also give consent for a criminal background check prior to my employment and annually after hire.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

