

Position Information

Position Desired: _____ Salary Desired: _____

How did you hear about this position: _____

Have you ever applied here before? _____ When? _____

Have you ever worked for Longhorn Village or CRSA Employment Services before? _____ When? _____

If yes, give your name(s) if different from the one given on this application: _____

Are you applying for Full time Part time Regular Temporary Date available for work _____

Would you consider working any shift? Yes No Shift Preference 1st 2nd 3rd

Weekends? Yes No Holidays? Yes No Rotating Shifts or On-Call Shifts? Yes No

Days/hours **available** to work:

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

General

Are you legally authorized to work in the United States? Yes No (*Proof of work authorization will be required upon employment*)

If the position you are applying for requires a driver's license, do you possess a valid driver's license?

Yes State _____ License No _____ No

Do you have relatives working for Longhorn Village or CRSA EMPLOYMENT SERVICES? Yes No If yes, complete the following:

Name _____ Department _____ Relationship _____

Background

Have you ever been convicted of any crime? Yes No If yes, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case.

Are you currently out on bail or released on your own recognizance pending trial? Yes No

This company will not deny employment to any applicant solely because the person has been convicted of a crime. The company, may, however, consider the nature, date, and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.

Other Qualifications

Job-related training courses (give title and year). Job-related skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.) Job-related certificates and licenses (current only).

Work History

Include all of your employment experience in the last **7 years**, listing the most recent position first. **Provide your complete employment history even if you attach a resume.** If you had more than one position with the same employer, list each position separately. If more space is needed, use the same format on another piece of paper. Please explain gaps of more than six months in employment on a separate piece of paper.

Company: _____ **Immediate Supervisor:** _____

Address: _____
(Street) (City) (ZIP)

Phone: _____ **Dates:** From _____ To _____ **Type of Business:** _____

Your Title: _____ **Starting Salary:** _____ **Ending Salary:** _____

Major Responsibilities: _____

Reason for leaving: _____ **If this is your current employer, may we contact them?** Yes No

Company: _____ **Immediate Supervisor:** _____

Address: _____
(Street) (City) (ZIP)

Phone: _____ **Dates:** From _____ To _____ **Type of Business:** _____

Your Title: _____ **Starting Salary:** _____ **Ending Salary:** _____

Major Responsibilities: _____

Reason for leaving: _____ **May we contact this employer?** Yes No

Company: _____ **Immediate Supervisor:** _____

Address: _____
(Street) (City) (ZIP)

Phone: _____ **Dates:** From _____ To _____ **Type of Business:** _____

Your Title: _____ **Starting Salary:** _____ **Ending Salary:** _____

Major Responsibilities: _____

Reason for leaving: _____ **May we contact this employer?** Yes No

Company: _____ **Immediate Supervisor:** _____

Address: _____
(Street) (City) (ZIP)

Phone: _____ **Dates:** From _____ To _____ **Type of Business:** _____

Your Title: _____ **Starting Salary:** _____ **Ending Salary:** _____

Major Responsibilities: _____

Reason for leaving: _____ **May we contact this employer?** Yes No

Have you ever been involuntarily terminated? Yes No

Education

Mark highest level completed

Some High School HS/GED Associate Bachelor Master Doctorate/PhD

Last High School or GED school. Give the school's name, City, State, ZIP code (if known).

School City State ZIP

Colleges and universities attended. (Do not attach a copy of your transcript unless requested.)

Name	Address (City & State)	Major(s)	Date of Graduation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional Licenses/Certifications (Required if you are applying for Nursing or C.N.A. position)

_____	_____	_____	_____	_____	_____
Type	State Issued	Date Issued	Expires	License Number	
_____	_____	_____	_____	_____	_____
Type	State Issued	Date Issued	Expires	License Number	

Professional References

1. Name of Reference: _____ Phone #: _____
Company: _____ Relationship: _____

2. Name of Reference: _____ Phone #: _____
Company: _____ Relationship: _____

3. Name of Reference: _____ Phone #: _____
Company: _____ Relationship: _____

I certify that all information given on this application and any accompanying documents is true, complete and correct to the best of my knowledge and belief and is made in good faith. I understand that misinformation on the application could be considered falsification and would be grounds for employment action.

Applicant's Signature: _____ Date: _____