

Dietert Center
451 Guadalupe St., Ste 101, Kerrville, Texas 78028
Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

PLEASE COMPLETE ALL PAGES. DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ E-mail Address _____

Telephone (____) _____

If under 18, please list age _____

(1) Position applied for (1) _____ Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

(2) Salary desired (2) _____
 (Be specific)

How many hours can you work weekly? _____ Can you work nights? _____ Can you work weekends? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL-TIME OR PART-TIME

When are you available for work _____

Are you or your spouse related to any officer or employee of the Dietert Senior Center? Yes _____ No _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
 Expiration date _____

OFFICE POSITIONS ONLY

Typing	<input type="checkbox"/> Yes	_____ WPM	10-key	<input type="checkbox"/> Yes	Word Processing	<input type="checkbox"/> Yes	_____ WPM
	<input type="checkbox"/> No			<input type="checkbox"/> No		<input type="checkbox"/> No	
Personal Computer	<input type="checkbox"/> Yes	PC <input type="checkbox"/>		Other	_____		
	<input type="checkbox"/> No	Mac <input type="checkbox"/>		Skills	_____		

Please list three references that we may contact who you feel are qualified to describe your capabilities for the position you seek. Indicate any who are related to you.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

Name _____

Position _____

Company _____

Address _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. (Use an additional sheet of paper if more room is necessary.)

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty: _____ Date Entered: _____ Discharge Date: _____

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Work Experience Please list your work experience beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

May we contact your present employer? Yes No

Name of Employer _____ Address _____

Supervisor _____

Job Title _____ Telephone # _____

Reason for Leaving _____

Employment Dates: From _____ To _____

Job duties and Skills _____

Name of Employer _____ Address _____

Supervisor _____

Job Title _____ Telephone # _____

Reason for Leaving _____

Employment Dates: From _____ To _____

Job duties and Skills _____

Name of Employer _____ Address _____

Supervisor _____

Job Title _____ Telephone # _____

Reason for Leaving _____

Employment Dates: From _____ To _____

Job duties and Skills _____

Name of Employer _____ Address _____

Supervisor _____

Job Title _____ Telephone # _____

Reason for Leaving _____

Employment Dates: From _____ To _____

Job duties and Skills _____

Did you complete this application yourself Yes No

If not, who did?

PLEASE READ CAREFULLY

Dietert Center

APPLICATION FORM WAIVER

I certify that answers given herein, are true, complete, and correct, and I authorize my former employers and above listed references to release to Dietert Center any and all information they may have concerning me, including my employment records. A Photocopy of this authorization shall be as valid as the original.

I understand that falsification of any information provided by me, or my failure to give complete answers on this application, may result in rejection of my application or, if discovered later, in my dismissal.

I further understand that, if I am hired, my employment will not be for any definite period of time and may, regardless of the stated frequency of payment of my salary (per bi-weekly, per month, per year, etc.), I can be terminated at any time and for any reason just as I will be free to resign at-will. I expressly understand and agree that no promises to the contrary shall be binding upon the Dietert Center unless they are committed to in writing and signed by the Dietert Center Executive Director and me.

I further agree that I will, upon request, submit to pre-employment testing for the presence of drugs and/or controlled substances in my system, and I hereby authorize the laboratory to release the results of any such testing to the Dietert Center Executive Director.

I further agree that, if hired for a position requiring the operation of a motor vehicle, I will maintain a good driving record at all times, including during non-working hours, and I understand that my failure to do so will constitute misconduct subjecting me to dismissal.

Signature of applicant: _____

Date: _____

Dietert Center is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our Center!

Dietert Center

451 Guadalupe St., Ste 101, Kerrville, Texas 78028 ~~800~~ Telephone (830) 792-4044

Background Check Release and Authorization

I authorize any law enforcement agency (local, state, federal) with information regarding any arrests or convictions for any criminal offense, including traffic offenses, to release such information to the Dietert Center employees, or authorized representatives. I hereby release Dietert Center, its employees, or authorized representatives from any claims, liabilities, or damages from obtaining or furnishing this information.

I will not hold Dietert Center employees, or authorized representatives, responsible for errors or inaccuracies in the acquisition or transmittal of information pertaining to the verification of my background. I understand that if any negative information is found, I have the right to review such information and have it checked for accuracy.

Waiver

I, _____, having made application for employment or to volunteer at Dietert Center, hereby request that you release any and all information concerning my record of arrest, conviction and/or driving record which may be in your custody to the above listed agency or authorized representative. A Photocopy of this authorization shall be as valid as the original.

Print Full Name: _____

Date of Birth: _____

Drivers License State and # _____ Expiration Date: _____

Social Security # ____ - ____ - _____

Complete Current Address: _____

My signature indicates that I have read and accept the conditions listed in both the "Background Check and Release Authorization" and the "Waiver" shown above.

Signature: _____ Date: _____

Witness: _____ Date: _____

(Witness is a Dietert Center Representative)