

APPLICANT MUST FILL IN ALL APPLICABLE LINES

**NUTRITION & SERVICES FOR SENIORS
4590 CONCORD ROAD
BEAUMONT, TEXAS 77703**

APPLICATION FOR EMPLOYMENT

DATE _____ SS# _____ DRIVER'S LICENSE # _____

NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

PRIMARY PHONE _____ CELL PHONE _____

BIRTHDATE _____ EMAIL ADDRESS _____

U.S. CITIZEN OR RIGHT TO WORK IN THE UNITED STATES? YES _____ NO _____ (Legal proof required)

DO YOU NEED ANY REASONABLE ACCOMODATION IN ORDER TO PERFORM THE ESSENTIAL JOB FUNCTIONS OF THE POSITION YOU ARE APPLYING? YES _____ NO _____

IF YES, PLEASE DESCRIBE: _____

POSITION DESIRED: _____ DATE YOU CAN START _____ SALARY EXPECTED _____

GRADE COMPLETED: HIGH SCHOOL _____ COLLEGE OR OTHER TRAINING _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR BEEN ON PROBATION? _____

(A yes response does not automatically disqualify your application) PLEASE EXPLAIN _____

LIST NAMES OF RELATIVES CURRENTLY EMPLOYED BY NUTRITION & SERVICES FOR SENIORS AND RELATIONSHIP:

SKILLS:

Microsoft Office: Word Excel Publisher PowerPoint Outlook (Check all that apply)

Foreign Language: Spanish Vietnamese Other: _____

Other (i.e. Other software programs, CDL License, Certifications): _____

EMPLOYMENT HISTORY

LIST CURRENT OR MOST RECENT EMPLOYER FIRST:

EMPLOYER'S NAME: _____ ADDRESS: _____

IMMEDIATE SUPERVISOR: _____ JOB TITLE: _____

EMPLOYMENT DATES: FROM: _____ TO: _____ PHONE # _____

SALARY: _____ REASON FOR LEAVING: _____

SUMMARIZE JOB DUTIES: _____

EMPLOYER'S NAME: _____ ADDRESS: _____

IMMEDIATE SUPERVISOR: _____ JOB TITLE: _____

EMPLOYMENT DATES: FROM: _____ TO: _____ PHONE # _____

SALARY: _____ REASON FOR LEAVING: _____

SUMMARIZE JOB DUTIES: _____

EMPLOYER'S NAME: _____ ADDRESS: _____

IMMEDIATE SUPERVISOR: _____ JOB TITLE: _____

EMPLOYMENT DATES: FROM: _____ TO: _____ PHONE # _____

SALARY: _____ REASON FOR LEAVING: _____

SUMMARIZE JOB DUTIES: _____

PERSONAL REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR:

NAME: _____ ADDRESS: _____

PHONE _____ YEARS ACQUAINTED _____ BUSINESS _____

NAME: _____ ADDRESS _____

PHONE _____ YEARS ACQUAINTED _____ BUSINESS _____

NAME: _____ ADDRESS _____

PHONE _____ YEARS ACQUAINTED: _____ BUSINESS _____

PRE-EMPLOYMENT UNDERSTANDING

Please read carefully every statement below and initial each one to indicate your acceptance of the terms.

1. I certify that all information provided by me in connection with this application for employment, whether specifically listed on this document or provided by other means, is true and complete. I understand that any misstatement, falsification, omission, or concealment of any information may be grounds for refusal to hire, or if already hired, immediate termination of employment. **Initials:** _____
2. I hereby authorize you to make any investigation of my personal and employment history, as well as my financial credit, and driving records, through any investigative or credit agencies or bureaus of your choice. I also authorize civil, criminal, LEIE exclusions, and any other background screening you deem necessary. I understand that these checks will be updated periodically. **Initials:** _____
3. I authorize any of the persons or organizations referenced in this application to provide any and all information concerning my previous employment, education, or any other information they might have with regard to any of the subjects covered by this application. **Initials:** _____
4. I hereby acknowledge and understand that, as a part of my application for employment which involves safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to drug and alcohol testing under the authority of the U S Department of Transportation (DOT), Federal Transit Administration. For non-safety sensitive functions, non-DOT testing will be performed. **Initials:** _____
5. I understand that, if employed, I will be a provisional employee for a specified length of time and that my continued employment will be contingent upon meeting acceptable job performance standards and abiding by the policies and regulations of Nutrition & Services for Seniors. **Initials:** _____
6. I understand that my employment is for no definite period of time and may, regardless of the date of payment of my wages or salary, be terminated at any time without previous notice. **Initial:** _____

SIGNATURE _____ **DATE** _____

CONDITIONAL EMPLOYMENT ACKNOWLEDGEMENT

I understand that **if** offered a position, I would be accepting this employment on condition that all of my pre-employment requirements are returned with satisfactory results based on the requirements of **Nutrition & Services for Seniors**. This includes, but is not limited to, drug testing, physical, background checks and driving record.

SIGNATURE _____ **DATE** _____