

## APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

(Women's Shelter of East Texas, Inc.)

PERSONAL INFORMATION	N			
			DATE	
NAME:			SOCIAL SECURITY NUMBER:	
LAST	FIRST	MIDDLE		· · · · · · · · · · · · · · · · · · ·
PRESENT ADDRESS:				
	STREET	CITY	STATE	ZIP
PERMANENT ADDRESS:				
	STREET	CITY	STATE	ZIP
PHONE #:		ARE YOU 1	.8 YEARS OF OLDER	? Yes□ No□
HOME	CELL			
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes			No 🗖	
				========
EMPLOYMENT DESIRED				
20071011			ATE YOU SALARY	
POSITION:		CAN START:DESIRED:		ED:
		IF SO, MAY WE I		
ARE YOU EMPLOYED NOW?OF YOUR PRESENT EMPLOYER?				
HAVE YOU WORKED FOR THIS AGENCY BEFORE?		WHERE?	WHEN?	
DEFENDED DV.				
KEFEKKED BY:				
EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	COURSE OF STUDY
EDUCATION				
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				
<b>GENERAL</b> SUBJECTS OF SPECIAL STUD	Y OR RESEARCH WORK:			
SPECIAL SKILLS:				
	C, ETC.)			
	E OF WHICH INDICTES THE RACE, CREED, SEX			ITS MEMBERS.)
U.S. MILITARY/NAVAL SERVI	CE:	_PRESENT MEMBER IN	N NATIONAL GUARD/	RESERVE:

## FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE.) DATE **EMPLOYER** MONTH & YEAR TOWN & PHONE # **SALARY POSITION REASON FOR LEAVING** FROM: TO: FROM: TO: FROM: TO: FROM: TO: WHICH OF THESE JOBS DID YOU LIKE BEST? WHAT DID YOU LIKE MOST ABOUT THIS JOB? **REFERENCES:** GIVE THE NAMES OF THREE PERSONAL REFERENCES NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST 1 YEAR PHONE # NAME **ADDRESS** (Required) YEARS KNOWN 1 2 3 IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ NAME ADDRESS PHONE "I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN THE EXECUTIVE DIRECTOR, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE EXECUTIVE DIRECTOR, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT TO THE FOREGOING." I UNDERSTAND THAT THE FAMILY CRISIS CENTER (WOMEN'S SHELTER OF EAST TEXAS, INC.) WILL REFER TO ITS INTERAL DATABASE TO DETERMINE IF APPLICANTS ARE A CURRENT OR FORMER CLIENT. SUBMITTING THIS APPLICATION FOR EMPLOYMENT WILL CONSTITUTE YOUR CONSENT FOR FAMILY CRISIS CENTER (WOMEN'S SHELTER OF EAST TEXAS, INC.) TO REFER TO ITS CLIENT DATABASE AS PART OF THE ASSESSMENT PROCESS TO DETERMINE YOUR ELIGIBILITY TO APPLY FOR A VACANT POSITION WITH FAMILY CRISIS CENTER (WOMEN'S SHELTER OF EAST TEXAS, INC.) DATE: SIGNATURE: **AGENCY USE ONLY** REFERENCE CHECK Reference #1: NAME OF REFERENCE FCC EMPLOYEE COMPLETING REFERENCE CHECK DATE Reference #2:

FCC EMPLOYEE COMPLETING REFERENCE CHECK

FCC EMPLOYEE COMPLETING REFERENCE CHECK

DATE

DATE

WSET FORM 98 – Revised 05/29/2012

Reference #3: \_\_\_\_

NAME OF REFERENCE

NAME OF REFERENCE