

Community Services of Northeast Texas, Inc.  
Equal Opportunity Employer

**APPLICATION FOR EMPLOYMENT**

Instructions: All applications must be clearly printed; make sure the application is completed and signed.

\*Any incomplete/unsigned applications may not be considered.\*

Scheduled applicants are required to provide proof of education (i.e. Diploma, GED, Transcripts)

**PERSONAL INFORMATION**

Date \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
No. Street City State Zip

Telephone No: \_\_\_\_\_ Alternate Phone No: \_\_\_\_\_

Position (s) applied for: \_\_\_\_\_ Anticipated Rate of Pay \$ \_\_\_\_\_

Are you legally eligible for employment in the U.S.A.? \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes when & what position? \_\_\_\_\_

If your application is considered favorably, on what date would you be available for work? \_\_\_\_\_

<p><u>Administrative Use Only:</u></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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## RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Last Year Completed	Did you Graduate	Diploma/GED Or Degree
High			1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	
College			1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	
Other (Specify)			1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	

Please list below any skills, training or experiences which you believe would further qualify you for a position with our agency:

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### Criminal History

Have you ever been convicted of a felony? \_\_\_\_\_

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List below all present and past employment, beginning with your most recent:

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Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Describe the work you performed:					
Telephone:						

Administrative Use Only:

II

Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Describe the work you performed:					
Telephone:						

Administrative Use Only:

III

Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Describe the work you performed:					
Telephone:						

Administrative Use Only:

IV

Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Describe the work you performed:					
Telephone:						
Administrative Use Only:						

To your knowledge are you related to any one who works for our Agency? \_\_\_\_\_ If yes, name and position \_\_\_\_\_

I hereby give permission to contact the employers listed above concerning any information you deem relevant.

Signed: \_\_\_\_\_

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s). \_\_\_\_\_

**Please list 3 References (Do Not Include Former Employers or Relatives)**

Name and Occupation	Address	Email Address	Phone Number
1)			
2)			
3)			

Administrative Use Only:
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Completed applications may be submitted to the address below:

Community Services of Northeast Texas, Inc.  
 PO Box 427  
 Linden, TX 75563  
 Attn: Human Resources

*No Phone Calls Please*