

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? _____

Administrative Use Only:

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	Yes	
				No	
College			1 2 3 4	Yes	
				No	
Other (Specify)			1 2 3 4	Yes	
				No	

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

Criminal History

Have you ever been convicted of a felony? _____

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

I

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	Phone Number
1)		
2)		
3)		

Administrative Use Only:

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