



United Way of the Coastal Bend

711 N. Carancahua, Ste. 302
Corpus Christi, TX 78475
361.882.2529

EMPLOYMENT APPLICATION

TO THE APPLICANT....

Your application will be reviewed in detail. The decision on which applicants will be interviewed will be based on the information you give us within the format given herein. You may attach your resume to this application but it will not be accepted in lieu of an application.

Our policy is to provide equal employment to all qualified persons without regard to race, creed, color, religious belief, sex, sexual orientation, age, national origin, ancestry, physical or mental disability or veteran status.

PERSONAL INFORMATION:

Name: _____

Complete Home Address, City, and Zip: _____

Day Phone: _____ Evening Phone: _____

Social Security Number: _____

Are you a U.S. citizen or authorized by INS to work? (Documentation will be required)

Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application)

Yes No

If yes, please explain:

Are you bi-lingual? Yes No

In what language(s)? _____

EMPLOYMENT DESIRED:

Position for which you are applying: _____

Have you ever been employed by United Way of the Coastal Bend? Yes No

When? _____ What position? _____

Are you presently employed? () Yes () No

May we contact your present employer? () Yes () No

Contact Name: _____ Position: _____

Contact Telephone Number: _____

Are you willing to travel? () Yes () No

Do you have an automobile? () Yes () No

Driver's License Number: _____

Can you provide proof of auto insurance? () Yes () No

Date you can begin employment: _____

EDUCATION:

High School _____ Location _____

Graduate? () Yes () No

GED? () Yes () No

College	Location	Degree/ Major
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other training significant to the position for which you are applying:

WORK EXPERIENCE:

Please list employment for the last five-(5) years starting with most recent employment.

Employer: _____ Employed From _____ To _____

Address _____

Position/Title _____

Responsibilities _____

Reason for leaving _____

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Address _____

Position/Title _____
Responsibilities _____

Reason for leaving _____

Employer: _____ Employed From _____ To _____
Address _____
Position/Title _____
Responsibilities _____

Reason for leaving _____

REFERENCES:

List three references (**two of whom must be former employers**), not related to you, whom you have known more than one year.

Name: _____ Phone: _____
Address _____ Years Known: _____

Name: _____ Phone: _____
Address _____ Years Known: _____

Name: _____ Phone: _____
Address _____ Years Known: _____

Please tell us which responsibilities outlined in the accompanying job description are most suited to your skills and why:

Please tell us which responsibilities outlined in the accompanying job description will be most challenging or even difficult for you to fulfill and why:

Please help us make an informed decision on you as an applicant. What is it that makes you stand apart from other qualified applicants?

Please list your anticipated rate of compensation for this position: \$_____

(applications without this information will not be considered)

Thank you for your time and careful consideration in completing this application. Please be assured that we will also take time and careful thought in our consideration.

PLEASE READ BEFORE SIGNING:

I acknowledge the importance of telling the truth on this application and any associated documents (herein “application”). I affirm that all of the information provided by me on this application is true to the best of my knowledge. The information is also not intended to mislead United Way of the Coastal Bend in any way about my qualifications or background. If I have omitted any information or provided information that is false or misleading, my application will be rejected, and I will not be eligible for employment. In addition, if it is later learned that any information on this application is false or misleading, that I may be subject to discipline up to and including immediate discharge.

I authorize my previous employers, schools, or persons listed as a reference to give any information regarding employment or educational record. I agree that this agency and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application.

I understand that employment with United Way of the Coastal Bend is “at will” which means that either the organization, or I may terminate the employment relationship at any time, with or without prior notice.

Applicant Signature: _____

Date: _____
