



United Way of the Coastal Bend

711 N. Carancahua Suite 302  
Corpus Christi, TX 78401  
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 \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

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: \_\_\_\_\_

---