

*Scurry Community Services, Inc.*

**Application for Employment**

Federal, State and Local law prohibit discrimination in employment because of sex (including pregnancy), age, race, color, religious creed, citizenship, marital status, national origin, ancestry, military status or disability.

**PLEASE PRINT CLEARLY (DO NOT USE PENCIL)**

Check all positions applying for:  Part time  Cook  Kitchen  Housekeeping

Name \_\_\_\_\_ SS Number \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Have you worked for this agency before? NO YES If yes, when? \_\_\_\_\_

List any relatives or friends working for this agency: \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

If hired, what date would you be able to start to work? \_\_\_\_\_

Our hours of operation are 6:30 am to 6:00 pm, Monday –Friday. Will you be available to work these hours? YES NO If NO, what hours can you work? \_\_\_\_\_

Are you fluent in another language? \_\_\_\_\_ Do you  Speak  Read  Write

**EDUCATION BACKGROUND:**

School Attended	City & State	Years	Major	Type of Diploma or Degree obtained

Check all of the following certifications that you have obtained:

CDA  CDL  Pediatric First Aid/CPR  Other \_\_\_\_\_ Are these certifications current? Y/N

List any experiences; skills, training or qualifications that you have that will aid you in fulfilling the job responsibilities:

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Would you be willing to attend training sessions in the evening or weekends? YES NO

What are your personal goals for the future? \_\_\_\_\_

**CURRENT EMPLOYER**

Place:	Address:
Phone number:	Supervisor name:
May we contact them for reference? YES NO	Dates Employed:
Rate of Pay:	Reason for wanting to leave:
Duties:	

**PRIOR WORK HISTORY**

Place:	Address:
Phone number:	Supervisor name:
May we contact them for reference? YES NO	Dates Employed: Start End
Rate of Pay	Reason for leaving
Duties	

Place:	Address:
Phone number:	Supervisor name:
May we contact them for reference? YES NO	Dates Employed: Start End
Rate of Pay	Reason for leaving
Duties	

**PROFESSIONAL REFERENCES:** You must list 3 professional references for this application to be complete. **Do not list relatives.**

NAME	OCUPATION	CONTACT INFO	YEARS KNOWN

I understand that any misrepresentation or deliberate omission of a fact in my application may be justified for refusal of, or if employed, termination from employment. It is my understanding that Scurry Community Services will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the above named employers, with the exception of my current employer, if I have so indicated, and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired and may subject me to immediate dismissal.

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Applicant Signature

Date

**OFFICE USE ONLY**

Date of Application		Background Check Results
Interviewed		Central Registry:
Pre-service Training		DPS:
Date of Hire		FBI:
Position		