



504 North 5th Street
 P.O. Box 367
 Temple, TX 76503
 254-778-0489

APPLICATION FOR EMPLOYMENT

Type or Print Clearly

PERSONAL	Name:		_____		Phone #		_____	
		Last	First	MI				
	Address:		_____		DL #		_____	
		Street				State	Number	
		City		State	Zip Code			
	Position Applied For:		_____		Full-Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>
	Date available to begin Work:		_____					
Have you ever been employed by Central Texas 4C?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
		If yes, please give dates of employment: _____						
Have you ever been convicted of a felony?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
		If yes, please explain: _____						
Are you a current or former Head Start Parent?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
EDUCATION / SKILLS	Do you have a High School diploma or GED?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	School	Name/Location	Course of Study	Years Completed	Did you Graduate?	Degree or Diploma		
	College or University							
	Business/ Technical School							
	Other Skills and Qualifications:		Summarize job-related training, experience, skills, certifications, abilities, languages, etc.					

Central Texas 4C, Inc. is an equal opportunity employer and provides equal access to employment, services and programs to all persons. If you need reasonable accommodations to the Employment Application and/or interview process, please notify a representative of this organization.

PLEASE COMPLETE THE SECOND PAGE OF THIS APPLICATION

MAY WE CONTACT YOUR CURRENT/PREVIOUS EMPLOYER?

Yes

No

List name, address and telephone number of previous employers with most recent employer first.

PREVIOUS EXPERIENCE

Employer _____ Position _____
 Address _____ Phone # _____
Street City State

Supervisor _____ Dates From _____ To _____
 Duties _____
 Reason for Leaving: _____

Employer _____ Position _____
 Address _____ Phone # _____
Street City State

Supervisor _____ Dates From _____ To _____
 Duties _____
 Reason for Leaving: _____

Employer _____ Position _____
 Address _____ Phone # _____
Street City State

Supervisor _____ Dates From _____ To _____
 Duties _____
 Reason for Leaving: _____

References: Please list 3 professional references and their telephone numbers:

1 _____ Phone: _____
 2 _____ Phone: _____
 3 _____ Phone: _____

SIGNATURE

READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW: In consideration of my employment, I agree to conform to the rules and regulations of Central Texas 4C, Inc. I understand that my employment can be terminated at any time and for any reason at the option of Central Texas 4C, Inc. or myself. I understand that no one has the authority to enter into any agreement for employment for any specific period of time or make any agreement contrary to the foregoing, except for a written employment agreement signed by the management of Central Texas 4C, Inc.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) and law enforcement agencies of state and/or Federal governments to provide Central Texas 4C, Inc. with any relevant information regarding an employment decision, and I release all such persons from any liability regarding the provision or use of such information.

Date _____

Signature _____