



Social Services Agency"

1801 S. Alameda Ste 150
 Corpus Christi, Texas 78404
 Phone (361) 854-9199 (800) 364-3976 Fax (361) 854-9147

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected status pursuant to the Texas Employment Discrimination Law, and other relevant federal, state and local laws.

Employment Application

Please Print

Application Information

Full Name: _____ Date: _____
 Last First M.I.

Address: _____
 Street Address Apartment/Unit #
 City State Zip Code

Phone: (____) _____ E-Mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Answering yes is not an automatic bar to employment. The following will be taken into consideration.

1. Nature and gravity of the offense.
2. Time that has passed, conduct and/or completion of sentence.
3. Nature of the job held or sought.

Education

High School: _____ Address: _____

Did you graduate? YES NO Degree: _____

College: _____ Address: _____

Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

Did you graduate? YES NO Degree: _____

Indicate any foreign languages you can speak read and/or write

	FLUENT	GOOD	FAIR
SPEAK			

READ			
WRITE			

Revised: January 2015

Please attach copy of your resume

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Licensure Information

Are you DSHS registered? Yes No
 DSHS License Number: _____ DSHS License Renewal Date: _____

Counselor Intern Yes No LCDC Yes No LPC Yes No Other _____

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Special Skills	Check Skills/Equipment Operated		
<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list): _____ _____ _____	Other (list): _____ _____ _____
<input type="checkbox"/> PC	<input type="checkbox"/> Excel		
<input type="checkbox"/> Calculator	<input type="checkbox"/> OBX /System		
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Word		

State any additional information you feel may be helpful to us in considering your application.

Military Service

Have you served in the Military Service? ____ Yes ____ No

If yes did you receive an honorable discharge? ____ Yes ____ No **If no** please explain _____
(Note: discharges which are less than honorable will not prevent employment and may only warrant further investigation.)

Describe any job-related training received in the United States Military.

References

Please list three professional references:

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Disclaimer and Signature

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In consideration of employer entering into this agreement, employee agrees to conform to the policies and rules of employer in effect from time to time. Each party to this agreement also agrees that employee's employment and compensation can be terminated, with or without cause, and without prior notice, at any time, at the option of either employee or employer. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

New employees will serve a probationary period of 90 calendar days from the date of hire. This period is used to determine whether the relationship will continue. If the new employee is dissatisfied with COADA-CB, the employee may leave without advance notice or cause. If the COADA-CB is dissatisfied with the probationary employee, it may either extend or terminate the relationship with or without explanation during the probationary period. Upon satisfactory completion of the probationary period, new employees may move to an "at will" status and are subject to the annual performance evaluation process of the agency. Accrued vacation hours may be taken following the probationary period with Division Manager pre-approval.