

**Guadalupe-Parkway Neighborhood Centers, Inc.
DBA Guadalupe-Parkway Sommerville Centers, Inc.**

405 North MLK, Jr. Blvd. Lubbock, TX 79403

DATE:

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

Personal Information

NAME (LAST)	(FIRST)	DOB	DL#	STATE
PRESENT ADDRESS			CITY	STATE ZIP CODE
PERMANENT ADDRESS			CITY	STATE ZIP CODE
PHONE NO.	CELL/ALTERNATE NO.			REFERRED BY

Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

Education History

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED MAJOR/MINOR/HONORS
HIGH SCHOOL			
COLLEGE, TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

General Information

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
MILITARY SERVICE	RANK

Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

CONTINUED ON OTHER SIDE

APPLICATION FOR EMPLOYMENT-CONTINUED

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS/PHONE #	BUSINESS	YEARS KNOWN

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge And understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any Agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE _____ SIGNATURE _____

THIS WOULD PRECLUDE YOU FROM EMPLOYMENT WITH THIS ORGANIZATION

- Any felony conviction
- Any Class A or B Misdemeanor within the last ten years

=====DO NOT WRITE BELOW THIS LINE=====

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____
EMPLOYMENT MANAGER DEPARTMENT HEAD