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The United Way of Comal County fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, state, or local law. In accordance with requirements of the Americans with Disability Act, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal and state employment laws.

PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS

Today's Date: _____ Position applying for: _____

What is your desired salary? _____ Annual Hourly

Type of employment desired: Full-Time Part-Time

PERSONAL DATA:

Last Name First Name Middle Name Social Security Number

Street Address City State/Zip Code

Telephone # Other Phone # Email Address

Are you at least 18 years old? Yes No
If not, state your age for child labor law purposes only _____

Are there any days, shifts or hours you will not be able to work? Yes No

If yes, please explain: _____

Will you travel if the job requires it? Yes No If so, what percentage of time? _____

When will you be able to start work? _____

How did you learn about this job? _____

If referral, who were you referred by? _____



Have you ever applied for a position or worked for the United Way of Comal County? Yes No

If yes, provide dates, position, department and reason for leaving: _____

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B visa status)?
Yes No

Note: The Federal Immigration and Reform and Control Act of 1986 requires that an INS Employment Eligibility Verification Form "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

Have you been convicted of a felony, placed on deferred adjudication or probation, or have charges pending for a felony or misdemeanor (including DWI/DUI) within the past seven years? Yes No
Date of Conviction: _____

Note: Answering "yes" does not automatically exclude you from further consideration for the position. Disqualification will be depending on qualifications for the job.

If yes, please explain: _____

Have you been convicted within the last seven years of misappropriation of funds, embezzlement, or similar for other dishonest conduct; or offense involving the use of a weapon; for burglary, robbery, breaking and entering or theft; or physical assault or other violent crimes?

Note: Answering yes, does not automatically exclude you from further consideration.
If yes, please explain: _____

Are you related to any current employee or Board Member of the United Way of Comal County?
Yes No

If yes, indicate the name and relationship: _____

DRIVING RECORD: Answer only if driving is a requirement for the job which you are applying.
Do you have a valid drivers license? Yes No

Issuing State _____ Class A B C CDL (circle one) DL# _____

How many driving violations do you have? _____ Please provide dates and status: _____

Asdfas _____



Has your driver's license ever been suspended or revoked?

If yes, please explain: _____

Do you have any DUI or DWI convictions? Yes No

If yes, please explain: _____

EMPLOYMENT HISTORY: Starting with your most **recent employer**, provide the following information.

Company Name: _____

Address: _____

Telephone Number: _____ Name of Supervisor: _____

Title: _____ May we contact? Yes No

State job titles and describe duties: _____

Dates Employed: From _____ To _____

Positions/Titles held: _____

Rate of Pay: Hourly Salary Starting Rate: _____ Ending Rate: _____

Reason for Leaving (Please be specific): _____

.....

Company Name: _____

Address: _____

Telephone Number: _____ Name of Supervisor: _____

Title: _____ May we contact? Yes No

State job titles and describe duties: _____

Dates Employed: From _____ To _____

Positions/Titles held: _____

Rate of Pay: Hourly Salary Starting Rate: _____ Ending Rate: _____

Reason for Leaving (Please be specific): _____



Company Name: _____

Address: _____

Telephone Number: _____ Name of Supervisor: _____

Title: _____ May we contact? Yes No

State job titles and describe duties: _____

Dates Employed: From _____ To _____

Positions/Titles held: _____

Rate of Pay: Hourly Salary Starting Rate: _____ Ending Rate: _____

Reason for Leaving (Please be specific): _____

Please explain any gaps in your employment history:

Have you ever been discharged/terminated or forced to resign from a position? Yes No

If yes, please explain: _____

Did you receive any discipline in the last 12 months of active employment? Yes No

If yes, please explain: _____

Were you given a performance evaluation within the last 12 months of active employment? Yes No

If yes, what was the range of scores used and what was your score: _____



PROFESSIONAL REFERENCES: List names and telephone number of three business/work references that are not related to you that can provide information on your qualifications:

Name	Title	Phone	Number of Yrs Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Licenses/Certifications:

Type	Issued By (State or Other)	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESIDENCES: Please provide your addresses of residence for the past seven years beginning with the most recent address.

_____	_____	_____	_____	_____
Street Address	City	State/Zip	From	To
_____	_____	_____	_____	_____
Street Address	City	State/Zip	From	To
_____	_____	_____	_____	_____
Street Address	City	State/Zip	From	To
_____	_____	_____	_____	_____
Street Address	City	State/Zip	From	To
_____	_____	_____	_____	_____
Street Address	City	State/Zip	From	To



EDUCATION: May or may not be considered depending on job applied for. Describe any educational degrees, skills, or training or experience you believe are relevant to the job applied for. Starting with your most recent school attended, provide the following information.

School (Include Name, City, & State)	Years Completed	Completed (circle one)	GPA	Major/Minor	Date

Skills and Qualifications: Summarize any special training or skills that may assist you in performing the position for which you are applying:

MILITARY

Complete only if you served in the military.

Branch of Service: _____ Number of Years/Mos of Service _____

Rank of Discharge: _____ Date of Discharge _____

Reason for Leaving: _____

Describe any military skills, training, or experience you believe are relevant to the position desired:



Additional comments:

Applicant Acknowledge & Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for my dismissal at any time without prior notice.

I understand that, if employed, my employment is not for a specific term and may be terminated by me or my Employer(s) with or without notice or cause at any time. I further understand that no oral promise, Employer(s) policy, custom, business practice or other procedure constitute an employment contract or modification of the at-will employment relationship between me and the Employer(s).

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. I will be required to submit to a background investigation.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. I acknowledge that this application will remain active for 90 days from this date. If I have not heard from the United Way of Comal County at the conclusion of this 90 day period, it is my responsibility to complete a new application if I still wish to be considered for employment.

Do not sign until you have read, fully understand and accept all terms of the foregoing application statement.

Signature: _____ Date: _____