



Application for Employment
(An Equal Opportunity Employer)

400 County Road 3821
San Antonio, TX 78253
(210) 892-2915

We consider applicants for all positions without regards to race, color, creed, gender, national origin, age, disability, marital or veteran's status, or any other legally protected status. However, NBCH does reserve the right to use appropriate selection criteria.

DATE OF APPLICATION _____

HOW DID YOU HEAR ABOUT US?

- ADVERTISEMENT RELATIVE INQUIRY FRIEND
- CHURCH WEBSITE OTHER _____

PERSONAL DATA

NAME _____ DOB _____ SOCIAL SECURITY# _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____ OTHER _____

DRIVERS LICENSE STATE: _____ NUMBER: _____ EXP. DATE _____

EMAIL ADDRESS: _____

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? YES NO

ARE YOU A U.S. CITIZEN? YES NO

HAVE YOU EVER BEEN CONVICTED FOR AN OFFENSE OTHER THAN A TRAFFIC VIOLATION?

YES NO IF YES, PLEASE EXPLAIN IN DETAIL.

DO YOU HAVE ANY MEDICAL CONDITIONS (List all medications) OR PHYSICAL INJURIES (Back Injuries included)? IF SO, PLEASE LIST.

EMERGENCY CONTACT

PLEASE WRITE NAME AND TELEPHONE NUMBER OF A PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY OR IF YOU CANNOT BE REACHED:

Contact Name: _____ Contact Number: _____

POSITION(S) DESIRED

- Director
 LCCA
 Facility Coordinator
 Personnel Manager
 Case Manager
 Residential Supervisor
 Residential Specialist/Direct Care
 Maintenance
 Cook/Kitchen Staff

DATE AVAILABLE TO WORK ____/____/____

SHIFT PREFERENCE: First Choice: _____ Second Choice: _____

EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DEGREE
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

PLEASE PRESENT A COPY OF YOUR HIGHEST DEGREE. (High School Diploma, GED, College Diploma)

WORK EXPERIENCE

List your last three employers, starting with the most recent.

Employer	Dates Employed		Work Description
Address	From	To	
Telephone	Hourly Rate/Salary		
Job Title	Starting	Ending	
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Description
Address	From	To	
Telephone	Hourly Rate/Salary		
Job Title	Starting	Ending	
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Description
Address	From	To	
Telephone	Hourly Rate/Salary		
Job Title	Starting	Ending	
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS: INCLUDE EXPLANATIONS OF ANY GAPS IN EMPLOYMENT GREATER THAN 6 MONTHS. (USE ATTACHMENT IF APPLICABLE)

PROFESSIONAL ADDENDUM

List any licenses, certifications, honors, and/or achievements that would be beneficial to the job or your character.

List professional development / training attended within the last five years.

REFERENCES

Give the name of four individuals you are not related to, at least two should be professional, who you have known for at least one year.

Name_____ Relationship_____ Phone #_____

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Name_____ Relationship_____ Phone #_____

Name_____ Relationship_____ Phone #_____

NBCH does not unlawfully discriminate in hiring or employment on the basis of race, age, sex, national origin, or physical disability. However, NBCH does reserve the right to use appropriate selection criteria in fulfillment of its goals and objectives for employment.

Important: In processing this employment application, NBCH will request that a drug screening and background check be prepared in consideration of employment. You have the right to request that NBCH completely and accurately disclose to you the nature and scope of the investigation requested. Such a request must be made in writing to NBCH within a reasonable time after you complete this application.

NBCH REQUIRES A CRIMINAL BACKGROUND CHECK AND DRUG SCREENING COMPLETED ON APPLICANTS WHO ARE BEING CONSIDERED FOR EMPLOYMENT. PLEASE SIGN TO ACKNOWLEDGE YOUR AWARENESS AND AGREEMENT OF THIS PROCEDURE: _____

Is there any other information you are aware of that may affect your employment at New Beginnings Children’s Home?

Please read before signing:

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any material omission or misrepresentation of any facts called for is just cause for immediate dismissal. I understand that this application is not intended to create an employment contract, either expressed or implied.

I hereby acknowledge that I have read and understood the foregoing disclosure and have answered all questions to the best of my knowledge.

Signature

Date