

SAN ANTONIO LIGHTHOUSE

Employment Application

This Company is an Equal Opportunity Employer. As a result, its policy is to afford equal employment opportunity to all individuals regardless of race, color, creed, religion, sex, age, national origin, or disability. Any question on this application relating to the foregoing may be utilized in complying with federal or state record keeping and/or reporting requirements. No question is asked on this application for the purpose of limiting or excluding any applicant's consideration for employment because of the applicant's race, color, religion, sex, national origin, age, or disability. Please answer every question (if not applicable, write "N/A"). If there is an insufficient amount of space on the application to complete your answer to a question, use an additional sheet of paper.

DATE OF APPLICATION

SOCIAL SECURITY NUMBER

Name _____

LAST

FIRST

MIDDLE

HOME TELEPHONE NUMBER

Address _____

Number

STREET

BUSINESS TELEPHONE NUMBER

CITY

STATE

ZIP CODE

LENGTH OF TIME AT THIS ADDRESS

List previous address if address changed during the past year.

NUMBER

STREET

CITY

STATE

ZIP

LENGTH OF TIME AT THIS ADDRESS

Type of work desired _____

Date available for work _____

Salary Desired _____

Are you 18 years of age or over?

Yes _____

No _____

Do you have the legal right to work in the United States?

Yes _____

No _____

Have you ever applied for employment with this Company before?

Yes _____

No _____

If yes, when did you apply? _____

Were you hired? _____

How were referred to this job? _____

If job for which you are applying requires driving, do you have a valid operator's license?

Yes _____ No _____

STATE

NUMBER

DATE

Have you ever been convicted of any crime other than a traffic violation?

Yes _____ No _____ (If yes, explain) _____

(Note: The conviction or the fact that you have been convicted of a crime by itself, will not lead to rejection of your application.)

Have you ever held a position that required you to be bonded?

Yes _____

No _____

Have you ever been denied a bond?

Yes _____

No _____

If yes, explain _____

For your application to be considered, you must indicate your agreement with the following statement by signing where indicated. Please read the statement carefully before signing.

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief, and hereby grant the San Antonio Lighthouse permission to verify such answers by conducting investigative consumer report on me or by whatever other means it deems necessary. I hereby release the San Antonio Lighthouse and its agents from any and all liability and responsibility, damages, and claims of any kind whatsoever arising from any investigation made of my background, character, or qualifications for employment.

I also understand that any false statement on this application may be considered as a sufficient reason for rejecting this application or, in the event the falsification is discovered subsequent to my employment, for my dismissal.

I further understand that nothing contained in this application or in the granting of an interview creates a contract between the San Antonio Lighthouse and myself for either employment or for the providing of any benefits. No promise regarding employment has been made to me and I understand that no such promise or guarantee is binding upon the San Antonio Lighthouse unless made in writing and executed by its President and me.

Finally, I acknowledge that, if an employment relationship is established, no consideration has been furnished to the San Antonio Lighthouse for my employment other than my services, and I understand I have a right to terminate my employment at any time, and the San Antonio Lighthouse has the same right. If my application for employment is considered favorably, I agree to abide by and comply with the rules of the San Antonio Lighthouse.

Date

Signature

**EMPLOYMENT APPLICATION CONSENT RELEASE:
BACKGROUND CHECK**

I hereby certify that the facts set forth in the completed employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application may result in dismissal. I release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information. You are hereby authorized to make any investigation of my personal history, academic/professional credentials, military service records, criminal, and driving.

Print Legal Name:

First Middle Last

Social Security # _____ - _____ - _____

Date of Birth: _____

Driver's License # _____ **State Issued in:** _____

Name on Driver's License: _____

Current Address:

How long you have lived at this residence: _____

Current County of Residence: _____

Previous Two Addresses:

1. _____

How long you lived at this residence: _____

2. _____

How long you lived at this residence: _____

List All States That You Have Resided In: _____

List any names you have used in the past: _____

Signature: _____

Date: _____

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APPLICANT SUPPLEMENTAL INFORMATION

QUALIFIED APPLICANTS ARE CONSIDERED FOR EMPLOYMENT, AND EMPLOYEES ARE TREATED DURING EMPLOYMENT, WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARTIAL STATUS, MEDIAL CONDITION OR HANDICAP.

TO HELP US COMPLY WITH FEDERAL/STATE EMPLOYMENT OPPORTUNITY RECORD KEEPING, REPORTING AND OTHER LEGAL REQUIREMENTS, PLEASE ANSWER THE QUESTIONS BELOW.

THIS INFORMATION WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM THE APPLICATION FOR EMPLOYMENT AND YOUR PERSONNEL FILE.

Date: _____ Social Security Number: _____

Name: _____

Phone: _____ Date of Birth: _____

Address: _____
Street/P.O. Box # Apt. # City State Zip Code

Referred by: _____

Race/Ethnicity: Hispanic or Latino
 Not Hispanic or Latino

If you are not Hispanic or Latino, please indicate your race(s).

<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Two or more Races
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White

Sex: Male Female

Marital Status: Single Married Divorced Widowed

Number of Dependents: _____



INVITATION TO SELF-IDENTIFY INDIVIDUALS WITH DISABILITIES AND VETERANS

In accordance with Federal regulations relating to Equal Employment Opportunity (EEO) and affirmative action, our firm is prohibited from discrimination in employment practices because of veteran or disability status and is required to take affirmative action to employ and advance in employment qualified individuals with disabilities and protected veterans. If you are an individual with a disability or protected veteran and would like to be considered under our Affirmative Action Program (AAP), we invite you to self-identify. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. This information will be kept confidential and will be kept separate from your resume and/or personnel file in compliance with EEO Federal regulations.

Name _____

Check Applicable box(es):

- I am an individual with a disability – An individual with a disability is any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment.
- I am not disabled.

Please provide the following information regarding your disability:

My disability is: _____

Suggested accommodations that could be made for the disability: _____

- I am a disabled veteran – (1) a veteran of the U.S. military ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.
- I am an “Other” Protected Veteran – veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.
- I am a Armed Forces Service Medal Veteran - any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209)
- I am a Vietnam Era Veteran – a person who (1) served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred: (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (b) between August 5, 1964 and May 7, 1975, in all other cases; or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (b) between August 5, 1964 and May 7, 1975 in all other cases.
- I am a recently separated veteran – any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.

Release Date from Active Duty: _____

- I have never served in the Armed Forces.

Print Name

Signature

Date