



# Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

EMPLOYER	TELEPHONE ( ) -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities:
		FROM	TO	
ADDRESS				
JOB TITLE	HOURLY RATE/SALARY			
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE	\$	PER		
REASON FOF LEAVING	HOURLY RATE			
		FINAL		
MAY WE CONTACT FOR REFERENCE	YES NO LATER	\$	PER	
EMPLOYER	TELEPHONE ( ) -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities:
		FROM	TO	
ADDRESS				
JOB TITLE	HOURLY RATE/SALARY			
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE	\$	PER		
REASON FOF LEAVING	HOURLY RATE			
		FINAL		
MAY WE CONTACT FOR REFERENCE	YES NO LATER	\$	PER	
EMPLOYER	TELEPHONE ( ) -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities:
		FROM	TO	
ADDRESS				
JOB TITLE	HOURLY RATE/SALARY			
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE	\$	PER		
REASON FOF LEAVING	HOURLY RATE			
		FINAL		
MAY WE CONTACT FOR REFERENCE	YES NO LATER	\$	PER	
EMPLOYER	TELEPHONE ( ) -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities:
		FROM	TO	
ADDRESS				
JOB TITLE	HOURLY RATE/SALARY			
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE	\$	PER		
REASON FOF LEAVING	HOURLY RATE			
		FINAL		
MAY WE CONTACT FOR REFERENCE	YES NO LATER	\$	PER	

**SKILLS AND QUALIFICATIONS** Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with CACOST.

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# Educational Background

A. List last three (3) schools attended, starting with last one. B. List number of years completed. C. Indicate degree or diploma earned if any. D. Grade Point Average or Class Rank and E. Major and minor field of study (if applicable).

A. SCHOOL	B. NO YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	E. MINOR

List any foreign language(s) and check the box that best describes your skill level.

LANGUAGE	READ AND WRITE	READ AND SPEAK	READ ONLY	SPEAK ONLY

## References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	(     ) -	
	(     ) -	
	(     ) -	

List professional trade business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.)

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.)

\_\_\_\_\_

\_\_\_\_\_

List any additional information you would like us to consider. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vietnam Era Veteran ..... YES NO

If you are handicapped and wish to be identified as such according to the Rehabilitation Act of 1973, please indicate by checking the box ..... YES

# Applicant's Statement

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 45 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 and resubmit another application.

I hereby acknowledge that any employment relationship with Community Action Corporation Of South Texas is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director of CACOST.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview      Yes      No

Remarks \_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER

\_\_\_\_\_  
DATE

Employed      Yes      No      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE      DATE

NOTES \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_