



Brazos Valley Council on Alcohol & Substance Abuse
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer (EOE)

Personal Information (Please Print or Type)

Name/Last	First	Full Middle Name	Social Security Number
Current Address/City/State/Zip Code			Telephone Number
What position are you applying for?		Date available for employment?	
Are you willing to relocate? () Yes or () No	Are you willing to if required? () Yes or () No	Any restriction on hours, weekends, or overtime? If yes, explain.	
Has this Company or any of its subsidiaries before ever employed you? () Yes or () No	Indicate locations and dates:		
Can you, after employment, submit verification of your legal right to work in the United States? () Yes or () No	Have you ever been convicted of a felony? () Yes or () No Have you ever been convicted of a class A or B misdemeanor? () Yes or () No Have you ever been accused/engaged/convicted of sexual abuse/misconduct/activity/harassment in the work place? () Yes or () No <i>Convictions will not automatically disqualify job candidates. The seriousness of the crime and date of conviction will be considered.</i>		
Are you interested in full time or part time employment? () Full-Time () Part-Time employment?	How did you hear about BVCASA? () Newspaper () Workforce () Online () Social Media () Other If Other, please list:		
What is your desired rate of pay?	Are you related to any current or past employee that has worked for BVCASA? If so, please list their name(s):		

Performance of Job Functions

Are you able to perform all the functions of the job for which you are applying with or without accommodation? () Yes, without accommodation () Yes, with accommodation () No
If you indicated you can perform all the functions with an accommodation, please explain how you would perform the tasks and with what accommodation(s).

Education

School Level	School & Name Address	# of Years Attended	Did you graduate?	Course of Study
High School				
Vo-Tech, Business or Trade School				
College				
Graduate School				

*****Please attach a copy of your GED or transcript/diploma from the highest level of education completed.**

Personal Driving Record (If applicable to the position you are applying for)

Do you have a valid Driver's License?	Driver's license Number	Expiration Date	Issuing State
List any other state(s) in which you have had a driver's license(s) in the past?			
Within the past five years have you had a vehicle accident? () Yes or () No	Been convicted of reckless or drunken driving? () Yes or () No If yes, give dates:	Been cited for moving violations? () Yes or () No If yes, give dates:	
Has your driver's license ever been revoked or suspended? () Yes or () No	Is your driver's license restricted? () Yes or () No If yes, explain:		

CRIMINAL HISTORY: Please be honest, we do run your fingerprints through TDCJ & TDPS. Charges that appear on your criminal history will not automatically disqualify you from employment. Failure to disclose will!
To be eligible for employment TDCJ requires that all cases must be resolved and that felony charges must have been resolved at least 15 years ago (or 5 years for licensed counselors).

MINOR TRAFFIC VIOLATIONS: PLEASE LIST ANY MINOR TRAFFIC VIOLATIONS AND NOTE DATE, CHARGE, AND STATUS (RESOLVED OR PENDING).

DATE:	CHARGE:	STATUS:

MISDEMEANOR ARRESTS, CHARGES, OR CONVICTIONS: PLEASE LIST ANY MISDEMEANOR ARRESTS, CHARGES OR CONVICTIONS AND NOTE DATE, CHARGE, AND STATUS (RESOLVED OR PENDING).

DATE:	CHARGE:	STATUS:

FELONY ARRESTS, CHARGES OR CONVICTIONS: PLEASE LIST ANY FELONY ARREST, CHARGES, OR CONVICTIONS AND NOTE DATE, CHARGE, AND STATUS (RESOLVED OR PENDING).

DATE:	CHARGE:	STATUS:

EMPLOYMENT HISTORY - List entire employment history, starting with your present employer. For any unemployed or self-employed periods show dates and location. (Attach additional sheets if necessary.)

Company Name: Address: City/State/Zip: Phone #: ()	Your Job: Supervisor: <u>Dates Employed</u> From: To:	Last Pay Rate: Reason Leaving:
Company Name: Address: City/State/Zip: Phone #: ()	Your Job: Supervisor: <u>Dates Employed</u> From: To:	Last Pay Rate: Reason Leaving:
Company Name: Address: City/State/Zip: Phone #: ()	Your Job: Supervisor: <u>Dates Employed</u> From: To:	Last Pay Rate: Reason Leaving:
Company Name: Address: City/State/Zip: Phone #: ()	Your Job: Supervisor: <u>Dates Employed</u> From: To:	Last Pay Rate: Reason Leaving:
Company Name: Address: City/State/Zip: Phone #: ()	Your Job: Supervisor: <u>Dates Employed</u> From: To:	Last Pay Rate: Reason Leaving:

Specify skills you may have. List equipment/machines you operate (office and/or road): _____

Do you have other additional experience and training you feel would qualify you for the position? List: _____

List any foreign languages you may speak, read, and/or write: _____

Give the names and contact information of three (3) persons **other than relatives**, who have knowledge of your character, experience or ability that we may call as references:

Name	Occupation (Title and Place of Employment)	Telephone Number(s)
(1)		
(2)		
(3)		

Military Service

Branch of Service: _____	Dates of Service: _____
Type of Discharge: _____	Rank on Entering: _____
Rank at Discharge: _____	Primary Duties: _____

**I M P O R T A N T - We are glad you are interested in joining the BVCASA family.
 Please read the following statements carefully before you sign and return this application.**

The agency, in considering my application for employment, may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background. *I have read, understand, and agree to this statement, (Initial here.)* _____

I understand that BVCASA has a commitment to maintain an alcohol/drug-free workplace and that BVCASA, unless prohibited by state law, requires a drug screening test as a part of its selection and hiring process. I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If any detectable amounts are found in my body, a second test, approved by the NIDA will be performed on the same specimen. If the results of the second test are also positive, I will be disqualified from consideration for employment and any offer of employment withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug testing under certain circumstances during my employment. *I have read, understand, and agree to the statement above, (Initial here.)* _____

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my dismissal. I understand that this application is not a contract, offer, or promise of employment and that if hired I will be able to resign at any time for any reason. Likewise, the agency can terminate my employment at any time with or without cause. *I have read, understand, and agree to this statement, (Initial here.)* _____

I understand that this application is good only for sixty (60) days from today's date. If I still desire a position with the agency after this application expires, it will be my responsibility to fill out a new application and file it with the agency. Otherwise, the agency will not consider me for employment after this application expires.

Signature: _____ Date: _____

FOR PERSONNEL OFFICE USE ONLY

Meets Qualifications? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Interviewed By: _____	Date: _____	
Recommendation: () Hire	() Do Not Hire	() Hold For Further Interview
Comments:		

* We are an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, gender, age, national origin or disability.