



Guadalupe Centers

EMPLOYMENT APPLICATION

Instructions: Please complete application in ink and provide all requested information.

BASIC INFORMATION

Name _____ Date of Application _____
First Middle Last

Do you have relatives that work for the Guadalupe Centers? Yes No

If Yes, Please state the name: _____

Were you referred to the Guadalupe Centers by an employee/partner? Yes No

If Yes, Please state the name: _____

For Reference Purposes, have you ever used another name (i.e., school or other employment)? Yes No

If Yes, state name and dates used: _____

Are you a former employee/partner of Guadalupe Centers? Yes No

If Yes, please state dates of former employment: _____

Name Preferred/Nickname _____

Address _____
Street City State Zip

Home Telephone _____ Business Telephone _____ May we call you at work? Yes No

Cell Phone _____ E-mail Address _____

Are you under 18 years of age? Yes No

JOB INTEREST/SKILLS

Position(s) for which you are applying _____

Salary requirements _____ Date available for work _____

Are you seeking: Full-Time _____ or Part-time _____ employment?

Are you generally available to work overtime? Yes No

Are you either a U.S. citizen or able to furnish proof that you are legally employable in this country? Yes No

Have you ever been convicted of a felony offense? Yes No

If yes, list date, offense and jurisdiction where convicted _____
(A felony conviction will not alone preclude employment but will be taken into consideration with all your qualifications.)

Do you know of any reason which may prevent you from performing the job for which you are applying? Yes No

If yes, please explain _____

If employed, would you be engaged in any other business or employment? Yes No

If yes, explain: _____

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

We are committed to equal employment opportunity and non-discrimination for all employees and applicants without regard to age, color, disability, genetic information, national origin/ancestry, pregnancy, race, religion, ancestry, gender, sexual orientation, gender identity, veteran status, sex, or any other status protected by applicable federal, state, or local law.

EDUCATION

	HIGH SCHOOL	COLLEGE/UNIVERSITY	OTHER
Name			
City, State			
Number of Years Attended			
Did you graduate?			
Course Taken or Degrees Received			

List any scholastic honors, educational achievements or scholarships that you would like for us to know about

OFFICE SKILLS/SPECIAL QUALIFICATIONS

Describe proficiency or type of experience, as applicable.	Years of Experience
Typing (WPM)	
Dictation Equipment	
Word Processing experience (please specify)	
Word 2007, Excel, PowerPoint, Access, Power Docs (please circle all that apply)	
Switchboard (please specify)	
Indicate any additional experience or special skills:	

PERSONAL REFERENCES (Please provide three references who are not relatives)

Name			
Address Line 1			
Address Line 2			
City, State Zip			
Home Telephone	()	()	()
Business Telephone	()	()	()
Relationship			
Years Known			
Employer			
Title or Occupation			

EMPLOYMENT HISTORY List most recent position first. Explain any periods of unemployment. Fill in all blanks.

Name of Employer		Telephone ()
Address		Supervisor/Title
Dates of Employment	Part-Time <input type="checkbox"/>	May we contact this supervisor/company for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Full-Time <input type="checkbox"/>	Your Job Title
MO/YEAR to MO/YEAR		
Starting Salary \$	Describe Responsibilities	
Final Salary \$		
Reason for Leaving		

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Address		Supervisor/Title
Dates of Employment	Part-Time <input type="checkbox"/>	May we contact this supervisor/company for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Full-Time <input type="checkbox"/>	Your Job Title
MO/YEAR to MO/YEAR		
Starting Salary \$	Describe Responsibilities	
Final Salary \$		
Reason for Leaving		

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Address		Supervisor/Title
Dates of Employment	Part-Time <input type="checkbox"/>	May we contact this supervisor/company for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Full-Time <input type="checkbox"/>	Your Job Title
MO/YEAR to MO/YEAR		
Starting Salary \$	Describe Responsibilities	
Final Salary \$		
Reason for Leaving		

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Address		Supervisor/Title
Dates of Employment	Part-Time <input type="checkbox"/>	May we contact this supervisor/company for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Full-Time <input type="checkbox"/>	Your Job Title
MO/YEAR to MO/YEAR		
Starting Salary \$	Describe Responsibilities	
Final Salary \$		
Reason for Leaving		

U.S. Military Service

Branch	Rank	Dates of Service	Status
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Have you ever been discharged for misconduct or unsatisfactory service or forced to resign from any position? If so, state date, name and address of your employer and reason for discharge or forced resignation in each case.

PROFESSIONAL AFFILIATION

List any professional (work-related) organizations, including dates of membership and offices held _____

List any professional certifications you have or are pursuing _____

Summarize any other significant experience, training or qualifications that you would like considered:

AGREEMENT

I hereby certify that the above information is true to the best of my knowledge and belief.

In connection with my application for employment, I authorize the Organization, and any agent acting on its behalf, to conduct an inquiry as to my record of any or all of my former employers, references, and any or all educational institutions. Moreover, I hereby release this Organization, or any agent acting on its behalf, from any and all liability of whatever nature by reason of requesting such information from any person.

I fully understand that because of the nature of the business conducted by the Organization that all information, whether written, spoken or otherwise communicated or obtained, and all files and records of any and every description, relating to the business of the Organization or to anyone with whom the Organization has dealings, constitute privileged matters and are to be treated in a strictly confidential manner. I fully understand and agree that, should I enter the employment of the Organization, I am not to, and will not at any time, communicate or reveal any business of the Organization or any such information or records or files or the matters contained therein, to unauthorized personnel within the Organization, nor to anyone outside the Organization. I also understand that any violation of the foregoing shall be sufficient grounds for termination of my employment.

In the event of my employment to a position in the Organization, I will comply with all Organization policies and rules and regulations as set forth in the Organization's employee handbook or other communications distributed to employees. I understand that the Organization has the right to modify, amend or terminate policies, practices, benefit plans and other company programs within the limits and requirements imposed by law. However, I understand that nothing in the employee handbook, other communications distributed to employees, or anything herein constitutes a contract of employment and that employment may be terminated at any time by me or by the Organization for any lawful reason.

I have read in full and understood the above statement and conditions of employment.

Applicant's Signature

Application Date

We are an Equal Opportunity Employer

GUADALUPE CENTERS

AUTHORIZATION/RELEASE FOR BACKGROUND INVESTIGATION

I authorize GUADALUPE CENTERS (the "Organization") and/or its agents to make an investigation of my background, references, character, credit history, past employment, education, criminal and police records, and to make other investigative checks, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application, resume, or other documentation and/or obtaining other information which may be material to my application for employment or continued employment with the Organization.

I release the Organization and/or its agents, and any person or entity who provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used. I understand that the Organization and/or its agents will adhere to any applicable state and federal statutes concerning the securing, handling and release of such information.

I certify that all of the statements I have made and all the information I have provided to the Organization are true, including the information on this form, and agree that any false information, misrepresentation or omission of facts may result in cancellation of my application and/or immediate dismissal.

Signature

Date

ALL ITEMS BELOW MUST BE COMPLETED BY APPLICANT

_____ Print First Name				_____ Middle Name		_____ Last Name	
_____ Maiden Name and/or any Other Names Used							
_____ Present Address			_____ City		_____ State		_____ Zip
_____ Former Address			_____ City		_____ State		_____ Zip
_____ Date of Birth				_____ Social Security Number			
_____ Drivers License Number				_____ State Issuing Drivers License			