



EMPLOYMENT APPLICATION

The Social Being
210-901-8221
www.thesocialbeing.com

AN EQUAL OPPORTUNITY EMPLOYER

The Social Being considers applicants for all positions on the basis of qualifications and without regard to race, color, national origin, citizenship, religion, sex, pregnancy, age, disability, genetic information/history, military status, use of lawful products during non-work hours, sexual orientation, gender identity and expression and/or any other legally protected characteristic or condition.

This application will be considered active for 90 days from the date it is submitted.

Consideration for employment after 90 days requires a new application.

Incomplete applications will not be reviewed.

Applicant Name: _____

Date of Application: _____ How did you hear about this position? _____

Position(s) applied for: _____

I can work (check all that apply): ☐ Full-time ☐ Part-time ☐ Nights ☐ Weekends

When are you available to begin work? _____

PERSONAL

NAME _____ **SEX:** ☐ MALE ☐ FEMALE
LAST FIRST MIDDLE

If your records are listed under another name, please list that name here: _____

ADDRESS CITY STATE ZIP

PRIMARY PHONE: _____ **BUSINESS PHONE:** _____

E-MAIL ADDRESS: _____

Are you legally eligible for employment in the U.S.? ☐ YES ☐ NO **Citizen?** ☐ YES ☐ NO

Are you 18 years of age or older? ☐ YES ☐ NO

Have you filed an application and/or worked here before? ☐ YES ☐ NO

If **YES**, give date(s) and job title: _____

How did you learn of our agency? _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER: _____

Applicants for direct care positions, please answer the following:

Are you 21 years of age or older? ☐ YES ☐ NO

II. WORK RECORD

Please provide the requested employment information, starting with your most current position.
If you need more room, you may write on the back of this page.

EMPLOYMENT – List present record, full-time or part-time.

Name of Employer:	Supervisor's Name/Title:
Full Address/Phone Number of Employer:	
Position(s) Held:	Dates Employed/Reason for Leaving:
Describe the Work Performed:	

May we contact this organization for a reference? ☐ Yes ☐ No

If no, why not? _____

PREVIOUS EMPLOYMENT

Name of Employer:	Supervisor's Name/Title:
Full Address/Phone Number of Employer:	
Position(s) Held:	Dates Employed/Reason for Leaving:
Describe the Work Performed:	

PREVIOUS EMPLOYMENT

Name of Employer:	Supervisor's Name/Title:
Full Address/Phone Number of Employer:	
Position(s) Held:	Dates Employed/Reason for Leaving:
Describe the Work Performed:	

III. EDUCATION

Please identify the education or training which you believe qualifies you for the position you are seeking. (Please read the position description before providing this information.)

EDUCATION (List highest education)		
High School or GED:	City/State:	Diploma or GED Received? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is the highest grade completed?
College Name:	City/State:	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Major(s):
College Name:	City/State:	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Major(s):

Please list any additional training you have received related to the position you are applying for (include where the training was taken and whether or not you received a certification).

Please list other knowledge, skills, or traits not previously mentioned that would help you to perform the essential functions of this position:

IV. REFERENCES

Please provide three references (other than relatives) that you have known for at least three years. Do not repeat your employer references here. You may include others with whom you have worked.

REFERENCES	
Name:	Occupation:
Relationship to You:	How long have you known this person?
Email Address:	Phone Number(s):
Name:	Occupation:
Relationship to You:	How long have you known this person?
Email Address:	Phone Number(s):
Name:	Occupation:
Relationship to You:	How long have you known this person?
Email Address:	Phone Number(s):

APPLICANT'S CERTIFICATE AND RELEASE

(Read Carefully Before Signing)

I understand that, by accepting this application, The Social Being is in no way obligated to provide me with employment, and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at-will, which means that The Social Being and/or I can end the employment relationship at any time with or without notice or cause, consistent with applicable law.

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any falsified statement or important omission of fact on either this application or during the pre-employment process will result in my application being rejected or, if I am hired, in my employment being terminated.

I also understand that any offer of employment is conditioned upon the verification of my information. I authorize The Social Being to verify any and all information provided on this application and/or during the pre-employment process and I will, upon request, sign other necessary consent forms. I hereby release The Social Being, and those who provide information about me, from any/all liability of whatever kind and nature which, at any time, could result from obtaining, and/or having an employment decision based on, such information.

APPLICANT'S SIGNATURE: _____

DATE: _____