



Application for Employment

Safety Council of the Texas Mid-Coast, Inc. (SCTMC) is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still fill out each box (don't just indicate "See Resume.") and complete all questions; or your application will be deemed incomplete and may not be considered.

Name (Last, First, Middle):		Position Applying For:		Other names under which you have attended school or been employed:
Street Address:		City, State & Zip:		
Social Security Number:	Primary Phone:	Email Address:		
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	License #:	State of issuance: Expiration date:	
Are you 21 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Due to security and liability insurance, SCTMC does not employ anyone under the age of 21.		
Are you authorized to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, have proof of eligibility available.		
Have you ever been employed by SCTMC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:		
Are you related to any current SCTMC employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	SCTMC has a nepotism policy that does not provide for family members to work at SCTMC.		
In the last 5 years, have you been convicted of, or have you pleaded guilty or no contest, to a felony offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please provide the date of conviction and, nature of the offense:		
Are you available to work 6:45 a.m. to 4:15 p.m. Monday through Friday?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth:		
Have you been involuntarily terminated from a position of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please explain:		
How did you learn about this employment opportunity at SCTMC? Check all that apply:				
<input type="checkbox"/> Ad in newspaper <input type="checkbox"/> Walk-in <input type="checkbox"/> Workforce <input type="checkbox"/> Referral by employee: <input type="checkbox"/> Job Bulletin (Posting) <input type="checkbox"/> Website Commission/Other agency <input type="checkbox"/> Other:				

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School or GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

WORK EXPERIENCE

Please detail your work history over the past 10 years. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

PLEASE NOTE: SCTMC reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

SKILLS

Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

REFERENCES

Please list 3 personal references including names, relationships, length of acquaintance and contact information.

Name:	Relationship:	Years Known:
Address:		Phone:
Name:	Relationship:	Years Known:
Address:		Phone:
Name:	Relationship:	Years Known:
Address:		Phone:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date.

I authorize SCTMC to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment.

I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees SCTMC serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, full-time, permanent basis, I understand that the first 90 DAYS of regular employment represent a provisional period, during which time I may be terminated without right of appeal. I understand that I will not be eligible for benefits until the completion of my 90 DAY provisional period. I understand that some optional benefits I may choose to participate in will require a mandatory employee contribution to cover costs. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice.

Applicant Signature: _____ Date: _____