

# CONNECTIONS

INDIVIDUAL AND FAMILY SERVICES

Administration Office  
 P.O. Box 311268  
 New Braunfels, TX 78131-1268  
 (830) 629-6571  
 Fax (830) 608-1262  
[www.connectionsnonprofit.org](http://www.connectionsnonprofit.org)

## APPLICATION FOR EMPLOYMENT

**Instructions:** Complete all necessary information. You may be asked to provide additional information on another form. This application may be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. Incomplete applications will not be accepted. *Please print.*

Name: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Position Applied For \_\_\_\_\_ Expected Pay \_\_\_\_\_

Would you accept full-time work?  Yes  No Would you accept part-time work?  Yes  No

What date would you be available for work? \_\_\_\_\_ Days you are unavailable? \_\_\_\_\_

Have you been employed by Connections before?  No  Yes Date and Position \_\_\_\_\_

Special training or skills (languages, machine operation, etc) that would be a special benefit in the job for which you are applying: \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No

Are you of legal age to work in the United States?  Yes  No

Have you ever been convicted, or pled guilty or no contest to, a felony offense?  Yes  No

If yes, please explain. **Important:** For purposes of employment with Connections Individual and Family Services, Inc., "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court ordered restitution. Conviction does not automatically disqualify you from consideration of employment.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Educational Background

School	Name and location	Course of study	Did you Graduate	Degree or diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational Training			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in professional or civic organizations (Exclude those which may disclose you race, color, religion, or national origin.)

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## Employment Experience

Place an (X) by the employer(s) you DO NOT want us to call. List your most recent employers first. (Note – although resumes are accepted, they do not replace this form, this form must be filled out completely.)

1. Employer \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
( ) Phone ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary Starting \_\_\_\_\_ Ending: \_\_\_\_\_  
Work Performed \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

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2. Employer \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
( ) Phone ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary Starting \_\_\_\_\_ Ending: \_\_\_\_\_  
Work Performed \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

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3. Employer \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
( ) Phone ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary Starting \_\_\_\_\_ Ending: \_\_\_\_\_  
Work Performed \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

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4. Employer \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
( ) Phone ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary Starting \_\_\_\_\_ Ending: \_\_\_\_\_  
Work Performed \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

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## Personal References

(other than family members or previous employers)

1. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_

3. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_

**(Agreement for EFT for all Compensation)**

As a method of payment delivery, Connections Individual and Family Services, Inc., hereafter referred to as Connections, utilizes Electronic Funds Transfers when paying employees during each payroll. All applicants applying for employment with Connections must participate in this method of payroll dispersal. As an “at will” employer in the state of Texas, Connections is recognizing an applicant’s ability to participate in electronic funds transfers as a condition of employment after the previously mentioned date.

By signing below the applicant understands that the successful ability to participate in funds transfers is a condition of employment with Connections. This means that an applicant, upon being considered for hiring, must provide the agency with proper financial account information in which wages/compensation can be deposited. Effective deposit account is defined as a financial account at a bank, savings and loan, credit union, or some other applicable financial institution that can receive electronic wire transfers from the agency’s designated financial institution. Should an employee hired fail to maintain the availability to receive electronic funds transfers from Connections, then that employee can be dismissed from employment with cause.

The applicant’s signature below also grants the agency privilege to remedy errors made in processing payroll when either the agency or the potential candidate for employment is responsible for mistakes that result in an incorrect amount of compensation being applied to the employee. The method of remedy, being through check or electronic funds transfer, will be considered a deduction or addition on the next available compensation disbursement. The applicant grants the agency written permission to make adjustments to pay under these conditions in accordance with the Texas Payday Law.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Social Security # \_\_\_\_\_

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**(PRE-EMPLOYMENT INQUIRY RELEASE AND APPLICANT’S STATEMENT)**

I certify that the answers given in my attached application are correct and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand that I am required to abide by all rules and regulations of the Agency. This application for employment shall be considered active for a period of time not to exceed sixty (60) days. If I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at this time. I also understand that applications will only be accepted for advertised job openings.

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including criminal convictions, motor vehicle, other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences.

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As a condition of employment, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further for a position with Connections Individual and Family Services, Inc. I authorize any physician, laboratory, hospital or medical professional retained by Connections Individual and Family Services, Inc. for screening purposes to conduct such screening and to provide the results to Connections Individual and Family Services, Inc.; and I release Connections Individual and Family Services, Inc. and any person affiliated with Connections Individual and Family Services, Inc. and any such institution or person conducting the screening from liability therefore.

I agree to immediately notify Connections Individual and Family Services, Inc. if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I hereby consent to you obtaining the above information. I understand to aid in proper identification of my file or records, the following information, as well as other information, is necessary.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature. It is further understood that 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 an authorized executive of this organization. It is further understood, in the event of employment, I will be required to obtain a TB Test at my expense.

Print Name \_\_\_\_\_  
Current Address \_\_\_\_\_ Yrs. at current address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Previous Address (if less than 2 yrs. at current) \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Applicant's Signature \_\_\_\_\_

**Please be sure to sign and date this application. Thank you for your interest in our company.**

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. To the best of my knowledge the information contained in this application is true. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and this company for either employment or the provision of any benefits; and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have a similar right. I addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the company unless made in writing and signed by me and an authorized representative of the company.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE IN THE SPACE/EMPLOYER ONLY**

Date of First Interview \_\_\_\_\_ Interview Done by: \_\_\_\_\_  
Date of Second Interview \_\_\_\_\_ Interview Done by: \_\_\_\_\_  
Date of Hire \_\_\_\_\_ Start Date \_\_\_\_\_ Position \_\_\_\_\_ Rate \_\_\_\_\_  
Date forms and action notice received by Human Resource Department \_\_\_\_\_