



**Family Service Center of Galveston County
Application For Employment**

It is the policy of Family Service Center of Galveston County to provide equal opportunity for all qualified applicants for employment regardless of race, religion, color, age, sex, national origin, and physical or mental handicap.

TYPE OR PRINT / USE BLACK INK

In order for you to be considered for employment, the application must be filled out in its ENTIRETY. Resumes, though certainly welcome, should not be submitted in lieu of information requested below.

Name: Last Name First Name MI

Address: Street No. Apt. No. **Telephone No.**

City **State** **Zip Code** **Email**

Are you related to a member of the Board of Directors? Yes_____ No_____

Are you employed by the Texas Department of Protective and Regulatory Services?
Yes_____ No_____

Is any member of your family employed by this Texas Agency? Yes_____ No_____

List in order of preference, the positions you are seeking.

Position:

- 1. _____
- 2. _____
- 3. _____



**Family Service Center of Galveston County
Application For Employment**

Employment criteria for full-time and part-time positions requires work experience for qualifications and/or salary placement. If you are selected for a full-time position, your starting salary will be based on your education and past employment history. List current or most recent employer first and then list in chronological order all other positions held. In order to give you full credit for experience, please list any additional employers and related information on a separate sheet.

Employer	#Hours per week	From: Mo/Yr	To: Mo/Yr
-----------------	-----------------	-------------	-----------

Address	City	State/Zip	Telephone #
---------	------	-----------	-------------

Job Title	Supervisor	Annual Salary
-----------	------------	---------------

Duties	If Supervisory Position: # of employees supervised
--------	---

Reason for Leaving	Name while employed there
--------------------	---------------------------

Employer	#Hours per week	From: Mo/Yr	To: Mo/Yr
-----------------	-----------------	-------------	-----------

Address	City	State/Zip	Telephone #
---------	------	-----------	-------------

Job Title	Supervisor	Annual Salary
-----------	------------	---------------

Duties	If Supervisory Position: # of employees supervised
--------	---

Reason for Leaving	Name while employed there
--------------------	---------------------------



**Family Service Center of Galveston County
Application For Employment**

Employer	#Hours per week	From: Mo/Yr	To: Mo/Yr
-----------------	-----------------	-------------	-----------

Address	City	State/Zip	Telephone #
---------	------	-----------	-------------

Job Title	Supervisor	Annual Salary
-----------	------------	---------------

Duties	If Supervisory Position: # of employees supervised
--------	---

Reason for Leaving	Name while employed there
--------------------	---------------------------

Employer	#Hours per week	From: Mo/Yr	To: Mo/Yr
-----------------	-----------------	-------------	-----------

Address	City	State/Zip	Telephone #
---------	------	-----------	-------------

Job Title	Supervisor	Annual Salary
-----------	------------	---------------

Duties	If Supervisory Position: # of employees supervised
--------	---

Reason for Leaving	Name while employed there
--------------------	---------------------------



**Family Service Center of Galveston County
Application For Employment**

EDUCATION CREDENTIALS

List names and addresses of all institutions attended, use a separate sheet of paper if necessary. Applicants with degrees must attach unofficial copies of transcripts from all institutions to the application. In the event an applicant is hired, he/she must furnish official transcripts from all colleges, universities, and training schools within thirty (30) days of employment.

High School: _____

Name	City	State/Zip Code
Graduate ()	GED Equivalent ()	Date: _____

Trade School, College, or University Attended:

	<u>Dates</u> <u>From/To</u>	<u>Semester hours</u> <u>completed</u>	<u>Degree/</u> <u>Certificate</u>	<u>Year</u>

Associate Degree/Certificate:	Major _____	Minor _____
Bachelor's Degree:	Major _____	Minor _____
Master's Degree:	Major _____	Minor _____
Doctorate Degree:	Major _____	Minor _____

VOCATIONAL TRAINING

<u>Institution</u>	<u>Courses Completed</u>	<u>Hours</u>	<u>Date Completed</u>



Family Service Center of Galveston County
Application For Employment

List and attach copies of all licenses, certificates, or other authorization to practice a trade or profession.

Table with 4 columns: Type of License, License #, Expiration Date, State granted by (Licensing Board). Includes three horizontal lines for data entry.

SKILLS AND ABILITIES

Indicate below specific skills and abilities that relate to the position(s) for which you are applying.

Language(s) spoken fluently: (Other than English)

Language(s) written fluently: (Other than English)

Office machines used proficiently:

- List of office machines with checkboxes: Personal Computer, CRT, Typewriter, Copy Machine, Fax Machine, Dictating equipment, 10 Key Calculator, Multi-line Telephone, Switchboard.

Software packages used proficiently:

Four horizontal lines for listing software packages used proficiently.



**Family Service Center of Galveston County
Application For Employment**

List additional skills, training, or experience that have provided you with the required knowledge and abilities for this/these position(s).

CRIMINAL RECORD

Have you ever been convicted of a felony? Yes_____ No_____

If yes, give date and nature of conviction and terms of sentencing. _____

Family Service Center requires criminal background checks (both state Department of Public Safety and Federal Bureau of Investigation) on all employees. In cases of employees with fiscal responsibilities, a credit check may be required. Your signature below indicates your agreement that these background checks may be made.

Signature of applicant

Date

REFERENCES

Please provide the names of two (2) employment related references. Do not repeat the names of those people listed in your employment history.

1. _____

Full Name	Address/Telephone #	Position
-----------	---------------------	----------

2. _____

Full Name	Address/Telephone #	Position
-----------	---------------------	----------



**Family Service Center of Galveston County
Application For Employment**

PLEASE READ CAREFULLY

AUTHORITY TO WORK IN THE UNITED STATES

It is the Family Service Center's intention to hire only Legal Workers. In compliance with the Immigration Reform and Control Act of 1986, all employees hired after 11/06/1986 are required to provide proof of identity and employment eligibility at the time employment is extended.

The Family Service Center does not discriminate in hiring or conditions or terms of employment on the basis of race, color, creed, religion, sex, national origin, or handicap unrelated to job performance. Federal Law prohibits discrimination on the basis of age against persons forty (40) or older. No question on this application is intended to secure information to be used for such discrimination.

AUTHORIZATION

All information given in this application is true. I understand that false information (misrepresentation or omission of information) is basis for disqualification or dismissal. I authorize investigation of all statements contained herein. I understand that any offer of employment tendered me is contingent upon my agreement to abide by the laws of the State of Texas and the rules, regulation, and policies of Family Service Center. I authorize you to duplicate this reference release for use in conducting employment reference checks, to contact all former employers at your convenience, and my current employer upon employment with the Family Service Center.

I also authorize the employers and/ or references listed to give you any and all information that they may have and release all parties from any damages that may result from furnishing such information.

Signature of applicant

Date

Application must be signed for employment consideration.

**THANK YOU FOR CONSIDERING THE FAMILY SERVICE CENTER OF
GALVESTON COUNTY, TEXAS.
AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER
M/F/H/V**



**Family Service Center of Galveston County
Application For Employment**

FOR HUMAN RESOURCES USE ONLY

TEST(S)

TYPING

10 KEY CALCULATOR

WORD PROCESSOR

Date
Passed Score

Date
Passed Score

Date
Passed Score

Tested By: _____

This space intentionally left blank



Family Service Center of Galveston County
Application For Employment

Equal Employment Opportunity / Affirmative Action Data Form

Type or Print / Use Black Ink

The Family Service Center of Galveston County, Texas is an Equal Opportunity / Affirmative Action Employer. Information you provide on this form will be used for statistical purposes only and will be retained independent of your application.

Attn: Business Manager
Family Service Center of Galveston County Texas
2200 Market Street, Suite 600
Galveston, Texas 77550

Date: Social Security #:

Name: Date of Birth:
Last First M.I.

Veteran Status: Veteran Yes No Sex: Male
Vietnam Veteran Yes No Female

*Ethnicity: Caucasian
African/American
Hispanic (Mexican/American)
Asian/Pacific Islander
Native American
Alaskan Native

Application Status: New Application (first)
Update Application
Current or Former Employee

Position(s) Status Desired: Full-Time
Part-Time
Both

Referral Source: Job Announcement Notice Friend
Newspaper Ad FSC Employee
Public Agency Other:
TEC (identify)

*See following page for definitions.



Family Service Center of Galveston County Application For Employment

ETHNIC DEFINITIONS

- Caucasian:** (Not of Hispanic Origin) A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- African/American:** (Not of Hispanic Origin) A person having origins in any of the black racial groups of Africa.
- Hispanic (Mexican/American):** A person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
- Asian/Pacific Islander:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. The areas include for example, China, Japan, Korea, the Philippines, and Samoa.
- Native American/Alaskan Native:** A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.