Application Form

Crisis Center of Comal County

P.O. Box 310344 New Braunfels, Texas 78131-0344 www.cccnbtx.org
Office(830)620-7520 Fax(830)625-2984

Federal law prohibits discrimination based on age, race, religion, sex or national origin. Information given through your profile cannot and will not be used for any discriminatory purpose

		not be used for any di	iscriminatory p	purpose.			
Please Print							
Last Name :		First :		M	Middle:		
Address :							
City:		State :		Zi	Zip Code :		
Home Phone :		Business Phone :		С	Cell Phone :		
E-mail Address:			Social Security #:				
Previous Address / City State ZIP :			Emergency Contact (not spouse) / Phone :				
Spouse's Name :	Spouse's Occupation & Name of Company :						
Will Travel: (Circle One)	Are you a smoker: Y N Do you have reliable transportation: Y N						
Military: From: To: Branch of Service:			Bilingual Skills?				
Hobbies/ Outside Interests :	Memberships: Professional/Social:						
Education: Name of School		Dates Attended From / To	GPA	Graduated	nted? Degree / Title		
H.S.							
College or University							
Other							
Position Desired (In Order of	Importance)		1	1	l		
Professional References: Plea	ase list three indiv	riduals who have knowledg	e of your pers	sonal abilities a	and character.		
Name	Title	Known how lo		Home Phon		Work Phone	
Other names by which you a	are known to per	sonal or employment refere	ences you hav	ve listed (if diffe	erent from prese	ent):	
Authorization: I, the undersig and to make reference che							

understand that under the Fair Credit Reporting Act, I have the right to request a copy.

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Criminal Record	voors hove very la	a convicted of an afficure	against chill as "	litonulous or boom!-	and from a refere	
Or other detention	years nave you been	n convicted of an offense	against civil or mil	litary law, or been rele	eased from a prison ment. Omit [1] traffic violation	one with a
fine under \$100 e	vent where liquor of	r drugs were involved and	H [2] any offense of	committed before you	r 21st birthday which was fir	ons willi a
					par you from employment.	
					ment for applicant required	
	uments from Texas DI		ia aopositorii c	oo solow allo loquilo	тетто аррисантоцииса	
	ow did you hear abou					
nerenar source (rie	ow and you near abou	ut us,				
Name:						
itarro.						
Explain:						
Name:						
Explain:						
·						
Employment Histor	y: Please list all of yo	ur former employers begi	nning with the mo	st recent.		
From Month/Year	To Month/Year	Name of Employer	Position/Title	Salary/Hrly. Wage	Reason For Leaving	
					_	
Additional Informat	tion					
List of Major Accon	nplishments:					
List things you woul	ld change at your cu	rrent/recent job:				
3 3	3 ,	,				
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
what is (are) your g	greatest strength(s):					
List area(s) you wo	uld like to improve or	n:				
Please list your curr	rent salary and desire	ed salary: Curren	t:\$	Desired: \$		

Please note that as required by the immigration reform and control act of 1986, **you cannot be employed** unless you can produce work authorization and identity documents as specified by the law. If you cannot provide proper documentation, you should discuss this with your

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Visa Information:

recruiter immediately.

Can you provide evidence that you are legally able to work in the United States? Y

***Background Check: Applicant must provide a copy of the criminal history check from the *Texas Dept. of Public Safety* website at the applicant's expense prior to being interviewed for all Crisis Center of Comal County positions at the following link: https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory