

## South Texas Lighthouse for the Blind California Employment Application

**Main Office: P. O. Box 9697  
Corpus Christi, TX 78469**

**Ph. 888-255-8011  
Fax 361-883-1041**

South Texas Lighthouse for the Blind is an Equal Opportunity and Affirmative Action employer and considers employment applicants without regard to sex, race, age, religion, color, national origin, citizenship, ancestry, disability, medical condition, marital status, sexual orientation, or any other status that is protected by federal, state or local law, regulation, or ordinance.

This application will be actively considered for the positions indicated by the applicant for 90 days after submission to the Company. Applicants desiring to be considered for other positions, or after the 90-day period has expired, must submit a new application. The Company may not interview all applicants for a vacant position. Those applicants to be interviewed will be contacted by the Company.

***Please answer all questions completely writing N/A (not applicable) where appropriate. Answers must be printed in ink or typed.***

Last	First	Middle	Social Security Number
<p>Have you ever used a different name for work, school, or other purposes? If so, Please identify the name(s) used, the dates used, and the circumstances.</p> <hr/> <hr/>			
Current Address: Street			Phone Number (Including Area Code) Daytime: (    )
City	State	Zip Code	Evening: (    )
Position(s) you are Applying For:			Job Location:
If your application is considered favorably, when could you begin work?			Minimum Acceptable Salary: \$
Desired Shift:	Days _____	Evenings _____	Part Time _____
Full Time _____			

Depending on the position for which you are applying, you may be required to work overtime. Are you available to work overtime?	Yes	No
Are you at least 18 years old?	Yes	No
Are you related to anyone employed by this company? If yes, Name: _____ Relationship: _____	Yes	No
Have you ever applied for employment with or been employed by this company? If yes, list position(s) filled or applied for:	Yes	No

If Previously employed, what was your reason for leaving?

Resigned with notice   
 Quit without notice   
 Counseled to resign  
 Terminated   
 Laid Off   
 or Other (specify) \_\_\_\_\_

\_\_\_\_\_

***Please complete this section if you are applying for a position which includes driving a company or personal vehicle for work purposes.***

Do you have a valid driver's license?	Yes	No
Has your driver's license ever been denied, limited, suspended, or revoked? If yes, provide complete information on action(s), date(s), location(s), and current status:	Yes	No
List all moving violations (other than parking tickets) for which you have been convicted or for which you pled guilty or no contest in the past 7 years.		
_____		
_____		
Do you have automobile liability insurance?	Yes	No

**EDUCATION**

**Education**

Name and Location of School(s) Attended	Year Graduated	Highest Grade Completed	Type of Degree
High School			
College			
Other (GED, Trade School, etc.)			
<p>List any specialized skills or training you have that are relevant to the position you are seeking:</p> <hr/> <hr/> <hr/>			

**Criminal History Information**

There is no time limit on the questions regarding your criminal history. Thus, you must include information on all convictions and guilty or no contest pleas, except for convictions for possession of insubstantial amounts of marijuana occurring more than two years prior to the date of your application for employment or convictions and pleas that were sealed or expunged. Records of offenses by minors (under age 18) are not automatically sealed and should be disclosed except where confidentiality is required under state law. If you are uncertain of the date or how a criminal offense is classified, state the approximate date, your understanding of the criminal classification, and note that you are unsure of any more specific information.

Have you ever pled guilty to or been convicted of any criminal offense (misdemeanor or felony) other than parking tickets and convictions for possession of insubstantial amounts of marijuana occurring more than two years prior to the date of your application for employment?  Yes  No

Have you ever pled nolo contendere (no contest) to any criminal offense (misdemeanor or felony) other than parking tickets and convictions for possession of insubstantial amounts of marijuana occurring more than two years prior to the date of your application for employment?  Yes  No

Have you ever been convicted, pled guilty or nolo contendere (no contest), or received disciplinary non-judicial punishment under the Uniform Code of Military Justice?

\_\_\_ Yes \_\_\_ No

If you answered "yes" to any of the above questions, provide complete information on all of the applicable criminal offense(s), date(s), location(s) (city and state), and disposition:

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*(Conviction of a crime is not an automatic bar to consideration for employment)*

### WORK EXPERIENCE

*Provide complete information on all employment during the past five years or five employers, whichever is greater. Begin with your current or most recent employer. Include full-time, part-time, and temporary employment.*

<b>Company Name:</b>	<b>Employed</b>
	<b>From:            To:</b>
<b>Address:</b> (include street, city & zip)	<b>Phone:</b> (Include area code)
<b>Job Title and Duties:</b>	
<hr/> <hr/>	
<b>Beginning Salary:</b> _____	<b>Ending Salary:</b> _____
<b>Supervisors Name and Title</b>	<b>May We Contact?</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reason for Leaving (check one):</b>	
<input type="checkbox"/> Resigned with notice <input type="checkbox"/> Quit without Notice <input type="checkbox"/> Terminated <input type="checkbox"/> Laid Off	
<input type="checkbox"/> Other (specify): _____	

<b>Company Name:</b>	<b>Employed</b>
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	<b>From:</b>	<b>To:</b>
<b>Address:</b> (include street, city & zip)	<b>Phone:</b> (Include area code)	
<b>Job Title and Duties:</b> _____ _____		
<b>Beginning Salary:</b> _____ <b>Ending Salary:</b> _____		
<b>Supervisors Name and Title</b>	<b>May We Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Reason for Leaving (check one):</b> <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Quit without Notice <input type="checkbox"/> Terminated <input type="checkbox"/> Laid Off <input type="checkbox"/> Other (specify): _____		
<b>Company Name:</b>	<b>Employed</b> <b>From:</b>	
	<b>To:</b>	
<b>Address:</b> (include street, city & zip)	<b>Phone:</b> (Include area code)	
<b>Job Title and Duties:</b> _____ _____		
<b>Beginning Salary:</b> _____ <b>Ending Salary:</b> _____		
<b>Supervisors Name and Title</b>	<b>May We Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Reason for Leaving (check one):</b> <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Quit without Notice <input type="checkbox"/> Terminated <input type="checkbox"/> Laid Off <input type="checkbox"/> Other (specify): _____		

<b>Company Name:</b>	<b>Employed</b>
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<b>Company Name:</b>	<b>Employed</b>	
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<b>Supervisors Name and Title</b>	<b>May We Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Reason for Leaving (check one):</b> <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Quit without Notice <input type="checkbox"/> Terminated <input type="checkbox"/> Laid Off <input type="checkbox"/> Other (specify): _____		

<b>Have you ever been discharged or asked to resign from a job?</b> Yes ___ No ___
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If Yes, please explain each occasion when this has occurred listing company name, supervisor, reason, and date of occurrence. Attach additional pages if necessary.

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**ALL APPLICANTS MUST READ AND SIGN BELOW**

*I certify that all of the information provided on this employment application and all additional sheets and resumes submitted to the South Texas Lighthouse for the Blind (referred to as the "Company" throughout the remainder of this application) is true, correct and complete. I understand that false, misleading, incomplete or omitted information on this application, additional sheets, or resumes submitted to the Company will result in rejection of this application or termination, if hired, regardless of the date of discovery.*

*I authorize all persons and organizations, including but not limited to my former and present employers, to provide the Company and its agents with complete information they may have concerning my character, employment record and suitability for employment with the Company. I understand that this authorization to obtain background information does not include a consumer report under the federal Fair Credit Reporting Act or applicable state law. I understand that if the Company desires to obtain a consumer report or conduct a background check about me under the federal Fair Credit Reporting Act or applicable state law, I will receive a separate notice and authorization for that report.*

*I understand that this application is not an offer of employment or a contract with the Company. I understand that employment with the Company is "at will" and based on mutual consent. Either the Company or I can terminate any employment relationship, with or without prior notice or cause. I understand that no employee of the Company, other than the President, is authorized to enter into any contract or create an employment relationship other than "at will."*

*I understand that if I am hired by the Company, I will be required to complete a Federal I-9 form and provide documentation verifying my right to live and work in the United States.*

*I understand that any conditional employment offer by the Company is subject to my successful completion of all employment prerequisites, including but not limited to, verifying employment and education references, drug and alcohol testing, a criminal background check, and a driving record check (where appropriate).*

*If employed, I will comply with all of the Company's policies, rules, and procedures.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER**