

South Texas Lighthouse for the Blind Employment Application

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South Texas Lighthouse for the Blind (referred to as "STLB" from here forward) is an Equal Opportunity and Affirmative Action Employer and considers employment of applicants without regard to sex, race, age, religion, color, national origin, citizenship, disability, veteran status, or any other status protected by law. This application will be actively considered for the positions indicated by the applicant for 90 days after submission to STLB. Applicants desiring to be considered for other positions, or after the 90-day period has expired, must submit a new application. STLB may not interview all applicants for a vacant position. Those applicants to be interviewed will be contacted by STLB.

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	
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.				
Current Street Address:			Phone Number (Including Area Code)	
City			Daytime ()	
State		Zip Code		
Evening ()			Job Location:	
Position(s) you are Applying For:			Minimum Acceptable Salary:	
If your application is considered favorably, when could you begin work?			\$	
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 with STLB, what was your reason for leaving? <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Terminated <input type="checkbox"/> Laid Off <input type="checkbox"/> Other (specify) _____		

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

Name and Location of School(s) Attended	Year Graduated	Highest Grade Completed	Type of Degree
High School			
College			
Other (GED, Trade School, etc.)			

List any specialized skills or training you have relevant to the position you are seeking:

CRIMINAL HISTORY INFORMATION

There is no time limit on the questions regarding your criminal history. Thus, you must include information on all convictions, pleas, and alternative adjudications that have occurred during your lifetime. 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?	Yes	No
Have you ever pled nolo contendere (no contest) to any criminal offense (misdemeanor or felony) other than parking tickets?	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
Have you ever received any form of alternative sentencing program (including, with limitation, probation, deferred adjudication, or pre-trial diversion) for any criminal offense (misdemeanor or felony)?	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:

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.

Company Name:	Employed From: To:
Address: (include street, city & zip)	Phone: (Include area code)
Job Title and Duties: _____ _____	
Beginning Salary: _____ Ending Salary: _____	
Supervisors Name and Title	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving (check one): <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): _____	

Company Name:	Employed From: To:
Address: (include street, city & zip)	Phone: (Include area code)
Job Title and Duties: _____ _____	
Beginning Salary: _____ Ending Salary: _____	
Supervisors Name and Title	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving (check one): <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): _____	

Company Name:	Employed From: To:
Address: (include street, city & zip)	Phone: (Include area code)
Job Title and Duties: _____ _____	
Beginning Salary: _____	Ending Salary: _____
Supervisors Name and Title	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving (check one): <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): _____	

Company Name:	Employed From: To:
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Supervisors Name and Title	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving (check one): <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): _____	

Company Name:	Employed From: To:
Address: (include street, city & zip)	Phone: (Include area code)
Job Title and Duties: _____ _____	
Beginning Salary: _____	Ending Salary: _____
Supervisors Name and Title	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving (check one): <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): _____	

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

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" STL B" 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 STL B 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 STLB and its agents with complete information they may have concerning my character, employment record and suitability for employment with STLB. 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 STLB 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 STLB. I understand that employment with STLB is "at will" and based on mutual consent. Either STLB or I can terminate any employment relationship, with or without prior notice or cause. I understand that no employee of STLB, 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 STLB, 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 STLB 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 STLB's policies, rules, and procedures.

Signature: _____

Date: _____

EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER