

STRATEGIC CHANGE, INC.

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Application

Applicants may be tested for illegal drugs and alcohol
Every applicant is subject to background screening
Applicants may be requested to provide college/trade transcript
Please be advised, references and most current (2) employers will be verified

Date of Application: _____

First Name: _____ Last Name: _____ Suffix: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Home Number: _____ Cell Phone: _____

Date of Birth: _____ Social Security #: _____ xxxxx Ethnicity: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Who referred you: Workforce Solutions SER Program N/A Other: _____

Position: _____ Start Date: _____ Salary Desired: \$ _____

Are you legally authorized to work in the U.S.: YES NO Are you employed now: YES NO

#1. Reason for leaving last employment: _____

Supervisor of last employment: _____ Starting Salary: \$ _____ Ending: \$ _____

Last place of employment: _____ Phone: _____

Description of work: _____

If so, may we inquire last employer: YES NO, why not: _____

#2. Reason for leaving previous employment: _____

Supervisor of previous employment: _____ Starting Salary: \$ _____ Ending: \$ _____

Previous place of employment: _____ Phone: _____

Description of work: _____

If so, may we inquire previous employer: YES NO, why not: _____

Ever worked for us before: NO YES, when: _____ How did you hear about us: _____

Education History:

	Name & Location of School	Years Attended	Did you graduate?	Subject Studied
High School				
College				
Trade, Business, Correspondence				

General Information:

Special skills, qualifications, abilities to perform	
Subject of special study research work:	

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Special Training, Certifications, Licenses	
Special skills, foreign languages, etc.	

Military Service Record: Have you served in the U.S. Armed Forces: NO YES

How many years:	Branch of Service:
Discharge date:	Rank:

All applicants must answer the following questions. Failure to answer honestly will result in disqualification of volunteer or future job opportunities.

Do you use illegal drugs? NO YES Are you a regular alcohol consumer: NO YES
 Have you been accused of child neglect, endangerment, abuse or violence of any kind? NO YES
 Is there any circumstance or situation that we should be aware of regarding your ability to be trusted around children or youth? NO YES, Explain: _____

Have you been arrested for a criminal act? _____ Explain: _____
 Have you been convicted of felony? _____ Number of Times: _____ Describe charges &/or convictions of each occurrence, include date of crime, city, county and state where the crime took place, sentence impositions and type of rehabilitation: _____

What language(s) spoken other than English: _____

Do you have reliable source of transportation? _____ Are there reasons you may have difficulty getting to work: _____

What days & times are you available to work: Δ No Preference Δ Monday _____
 Δ Tuesday _____ Δ Wednesday _____ Δ Thursday _____
 Δ Friday _____ Δ Saturday _____ Δ Sunday _____

For consideration, must include (3) professional references: (NO Personal References)

Name: _____
 Relationship: _____ Phone: _____
 Name: _____
 Relationship: _____ Phone: _____
 Name: _____
 Relationship: _____ Phone: _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for immediate dismissal without eligibility of reconsideration. I authorize investigation of all statements contained herein and the references and employers listed above to give you and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for damage that may result from utilization of such information. I, also, understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date: _____ Applicant Signature: _____