**St. Giles, Inc. HCS**

Phone (972) 786-2507

**Email completed application to: jaime.grider@sglctx.com**

Application for Employment

|  |
| --- |
| **PERSONAL** **INFORMATION** |
| Last Name | First Name | Middle Name |
| Address | City | State | Zip |
| Previous Address | City | State | Zip |
| Social Security Number | Date of Birth |
| Primary Phone | Business Phone | Email |
| Do you have any relatives currently employed with Daybreak of serving as a board member? |  | Yes |  | No |  |
|  |
| If yes, please list names(s) and relationships: | Referral Source |
| **Work** **Availability** | Date Available for Employment |
|  |  | Weekdays | Position you are applying for: |
|  |  |  |
|  |  | Weekends | What category do you prefer? |  | Full time |  |  | Part time |  | PRN |
|  |  |  |
|  |  | Evenings | Have you previously worked for Daybreak? |  |  | Yes |  | No If so, which location: |
|  |  |  |  |
|  |  | Nights |
|  |
| Emergency Contact Person: | Telephone | Relationship |

**EMPLOYMENT** **HISTORY** – Most recent employer

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | Phone: | Current employer? |  | Yes |  | No |
|  |
| Address: | City: | State: | Zip: |
|  |
| Did you work for this employer under a different name: |  | Yes |  | No Name: |
|  |
| From: | To: | Starting Pay: | Per: | Ending Pay: | Per: |
| Job Title: | Supervisor Name: |
| Duties and Responsibilities: |
| Reasons for Leaving: |

**EMPLOYMENT** **HISTORY** – Second most recent employer

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | Phone: | Current employer? |  | Yes |  | No |
|  |
| Address: | City: | State: | Zip: |
|  |
| Did you work for this employer under a different name: |  | Yes |  | No Name: |
|  |
| From: | To: | Starting Pay: | Per: | Ending Pay: | Per: |
| Job Title: | Supervisor Name: |
| Duties and Responsibilities: |
| Reasons for Leaving: |

**EMPLOYMENT** **HISTORY** – Third most recent employer

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | Phone: | Current employer? |  | Yes |  | No |
|  |
| Address: | City: | State: | Zip: |
|  |
| Did you work for this employer under a different name: |  | Yes |  | No Name: |
|  |
| From: | To: | Starting Pay: | Per: | Ending Pay: | Per: |
| Job Title: | Supervisor Name: |
| Duties and Responsibilities: |
| Reasons for Leaving: |

**EMPLOYMENT** **HISTORY** – Fourth most recent employer

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | Phone: | Current employer? |  | Yes |  | No |
|  |
| Address: | City: | State: | Zip: |
|  |
| Did you work for this employer under a different name: |  | Yes |  | No Name: |
|  |
| From: | To: | Starting Pay: | Per: | Ending Pay: | Per: |
| Job Title: | Supervisor Name: |
| Duties and Responsibilities: |
| Reasons for Leaving: |
| **EDUCATIONAL** **BACKGROUND** |
| Type of School/Name: | City and State: |
| Graduated? |  | Yes |  | No | Major: | Type of Degree: |
|  |  |
|  |
| From: | To: |  |

|  |  |
| --- | --- |
| Type of School/Name: | City and State: |
| Graduated? |  | Yes |  | No | Major: | Type of Degree:: |
|  |  |
|  |  |
| From: | To: |

|  |  |
| --- | --- |
| Type of School/Name: | City and State: |
| Graduated? |  | Yes |  | No | Major: | Type of Degree: |
|  |  |
|  |
| From: | To: |  |

**PRESCREEN** **QUESTIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you legally eligible to work in the U.S.? |  | Yes |  | No |
|  |  |
|  |
| Can you provide genuine documentation establishing your identity and eligibility to be legally employed in the U.S.? |  | Yes |  | No |
|  |  |
|  |
| Can you work overtime? |  | Yes |  | No |
|  |  |
|  |

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| --- |
| **SECURITY** |
| List states and counties of residence for the past seven years: |
| Have you ever used any other names or SSN? If so, please list. |
| Have you ever been convicted or received a deferred adjudication for a crime (misdemeanor and felony. |
|  |  | Yes |  | No |
|  |
| Date of Incident | City/State | Charge/Details |
| Date of Incident | City/State | Charge/Details |
| Date of Incident | City/State | Charge/Details |
| Date of Incident | City/State | Charge/Details |

|  |
| --- |
| Yes No |
| If yes, please explain |

|  |
| --- |
| **JOB** **RELATED** **SKILLS** **–** **Professional** **License(s)** |
| Description | Number |
| Issued by | From | To |
| Description | Number |
| Issued by | From | To |

|  |
| --- |
| What business equipment can you operate? (fax, copier, etc) |
| List computer software programs you are proficient in: |

|  |
| --- |
| **DRIVING** **RECORD** |
| Name as it appears on your license? |  |
| What is your driver's license number? |  | Expiration Date: |
| In which state do you have this valid license? |  | Type: |
| Have you had a moving violation in the last 3 years? |  |  | Yes |  | No |
| Date of violation: |  |
| State where violation occurred: |  |
| Type of violation: |  |
| Status: |  |

**CERTIFICATION** **AND** **RELEASE**

In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, Daybreak is in no way obligated to provide me with employment and I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that employment and compensation can be terminated with our without cause, and with or without notice at any time.

I certify that the answers given by e on this application for employment are true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentation of facts called for in the application, whether on this document or not, may result in reject of my application or discharge at any time during my employment.

I authorize Daybreak and/or its agents, including consumer- reporting bureaus, to verify any of this information. I authorize former employers, persons, schools, companies, and law enforcement authorities to release any information concerning my background to include a search of TX Department of Human Services Employee Misconduct Registry for reportable misconduct and herby release said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I also understand that the use of illegal drugs, alcohol and inhalants is prohibited during employment. If Company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs, alcohol or inhalants prior to and during employment.

|  |
| --- |
| **SIGNATURE** |
|  |
|  |  | I confirm understanding the above, and signing of the application. |
|  |
| Signature: | Date: |