

CHEYENNE CENTER
Pre-Employment Application

PRE-EMPLOYMENT APPLICATION

Cheyenne Center, Inc. is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans With Disabilities Act. Cheyenne Center, Inc. is a DRUG-FREE workplace.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

DATE: _____ / _____ / _____

PERSONAL:

Last Name: _____ First Name: _____ Middle Init.: _____

Current Address: _____ Phone: _____

City, State & Zip Code: _____

Social Security No: _____ Are you over 18? Yes No

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes No

Have you ever been convicted of any crime (excluding minor traffic violations) including: driving while under the influence of alcohol or drugs or any sexual related or child abuse related offenses? Yes No

IF YES, state the offense, location, date and disposition: (NOTE: A conviction will not necessarily disqualify you from employment.)

Have you ever been employed by The Texas Department of Criminal Justice? Yes No

Have you ever applied to our company before? Yes No Have you ever worked for our company before? Yes No

IF YES, state when and where you applied and/or worked: _____

Are you, or have you ever been, related to anyone who is employed, or has ever been employed, by Cheyenne Center, Inc?
 Yes No

Do you have the ability, with or without reasonable accommodations, to work overtime or to travel if travel and/or overtime are required by the job for which you are applying? Yes No

IF NO, please explain: _____

Drivers License: State: _____ Type: _____ Currently Valid? Yes No

EMPLOYMENT DESIRED:

Are you seeking Full Time Part Time Temporary or summer employment?

Position applied for: _____ Salary Desired: _____

Date Available to start: _____

How did you learn of our company and/or position? _____

Are there any days or hours you would be unable or unwilling to work? Yes No

IF YES, please specify those days or hours you would be unable or unwilling to work: _____

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EDUCATION: (Name, Address and Location)

High School: _____

Graduate?

Yes No

Courses Studied

Diploma: Yes No

9 10 11 12 (circle)

College: _____

Yes No

Major: _____

1 2 3 4 (circle)

Minor: _____

Degree: _____

Trade School: _____

Number of Months

Diploma: _____

6 9 12 24 (circle)

Certificate: _____

If you did not graduate, why did you leave high school or college? _____

Are you planning to pursue further studies? Yes No IF YES, when, where and what courses?

List any scholastic honors, offices held and activities involved in during high school and college:

List and describe any other School or Specialized Training:

MILITARY:

Have you ever served in the military? Yes No

Service Branch: _____ Final Rank: _____

Date Entered: _____ Date Separated: _____

CAPABILITY / RELIABILITY:

Would you be willing and able to perform all of the tasks required by the job you are applying for? Yes No

If not, explain which tasks: _____

Have you filed any type of fraudulent claim against any of your present or past employers? Yes No

If yes, explain: _____

Will you abide by the safety rules of this company? Yes No

Have you ever been disciplined for violating company safety rules or regulations? Yes No

If yes, please explain: _____

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WORK HISTORY:

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR.

DO NOT REFERENCE YOUR RESUME.

Name of Employer: _____ Dates Employed _____ Starting Pay _____

Address: _____ From: _____ Ending Pay _____

City, State, Zip Code: _____ To: _____

Telephone: (_____) _____ Reason for Leaving: _____

Nature of Business: _____

Name and Title of Last Supervisor: _____

Describe duties performed, skills used/learned, advancements/promotions earned: _____

PLEASE GIVE MONTH AND YEAR.

DO NOT REFERENCE YOUR RESUME.

Name of Employer: _____ Dates Employed _____ Starting Pay _____

Address: _____ From: _____ Ending Pay _____

City, State, Zip Code: _____ To: _____

Telephone: (_____) _____ Reason for Leaving: _____

Nature of Business: _____

Name and Title of Last Supervisor: _____

Describe duties performed, skills used/learned, advancements/promotions earned: _____

PLEASE GIVE MONTH AND YEAR.

DO NOT REFERENCE YOUR RESUME.

Name of Employer: _____ Dates Employed _____ Starting Pay _____

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Describe duties performed, skills used/learned, advancements/promotions earned: _____

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SUPPLEMENTAL EMPLOYMENT INFORMATION:

If you worked in any of your previous positions under another name, please give that name(s) below:

(For reference checking purposes)

Name: _____ @ Company: _____

Name: _____ @ Company: _____

Are you presently employed? Yes No

If yes, may we contact your present employer? Yes No

Have you ever had any allegations or reports of sexual exploitation of clients or former clients of any organization and/or place of employment? Yes No Unknown Declined to Answer

Have you ever had any sexual misconduct convictions or sexual harassment allegations or findings from your workplace or any other organization?

Yes No Unknown Declined to Answer

REFERENCES: (Give three references, not relatives or former employers.)

Name:	Address:	Phone:	Occupation:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AFFIDAVIT:

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize Cheyenne Center, Inc. to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. I also understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.

SIGNATURE: _____

DATE: _____ / _____ / _____

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COMPANY USE ONLY – REFERENCE COMMENT:

Interviewed by: _____ Date: _____

Interviewers remarks: _____

Is the operation of a company vehicle a job requirement? [] Yes [] No

IF YES, has a request for driver's record been made? [] Yes [] No

Supervisor's Signature: _____