



EMPLOYMENT APPLICATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Reasonable accommodation and modifications are available at no cost, to applicants with disabilities. To request a reasonable accommodation for the employment application process, email reasonableaccommodations@adulthoodeducationcenter.texas.org to the attention of the hiring manager/or supervisor.

APPLICANT INFORMATION										
Last Name		First		M.I.	Date					
Street Address				Apartment/ Unit #						
City			State			Zip				
Home Phone			Mobile Phone #							
E-mail Address										
Are you eligible to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)			YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever been terminated from employment or asked to resign by an employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Please provide company names and details							
Can you work any shift?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you work overtime, including weekends?			YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>								
EMPLOYMENT DESIRED										
Date you can start			Hourly Rate/ Salary desired							
Position desired										
Are you currently employed?			If so, may we inquire of your present employer?							
REFERRAL SOURCE										
How did you hear about us?	Walk In <input type="checkbox"/>	Advertisement <input type="checkbox"/>	Referral <input type="checkbox"/>	Other <input type="checkbox"/>						
Have you ever worked for this company before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain.							
Do you know anyone who works for our company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?							
EDUCATION										
High School			Address							
Number of years attended			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Subjects Studied				
College or University			Address							
Number of years attended			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree Received and Major				
Trade, Business or Correspondence School			Address							
Number of years attended			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree Received and Major				



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EMPLOYMENT HISTORY INCLUDE YOUR LAST SEVEN (7) YEARS OF EMPLOYMENT HISTORY, INCLUDING PERIODS OF UNEMPLOYMENT, STARTING WITH THE MOST RECENT AND WORKING BACKWARDS IN TIME.

Employer Name	Telephone		
Address	Supervisor/Title		
Job Title and Responsibilities			
From	To	Reason for Leaving	
Employer Name		Telephone	
Address		Supervisor/Title	
Job Title and Responsibilities			
From	To	Reason for Leaving	
Employer Name		Telephone	
Address		Supervisor/Title	
Job Title and Responsibilities			
From	To	Reason for Leaving	

REFERENCES
Give the names of three persons not related to you, whom you have known at least three (3) years

Full Name		Company	
Address, Phone, E-mail		Years Acquainted	
Full Name		Company	
Address, Phone, E-mail		Years Acquainted	
Full Name		Company	
Address, Phone, E-mail		Years Acquainted	

EQUAL OPPORTUNITY STATEMENT, DISCLAIMER & SIGNATURE

The Adult Education Center (AEC) is an Equal Opportunity Employer and Prohibits Discrimination and Harassment of Any Kind: AEC is committed to the principle of equal employment opportunity for all employees and to providing employees with a work environment free of discrimination and harassment. All employment decisions at AEC are based on organizational needs, job requirements and individual qualifications, without regard to race, color, religion or belief, national, social or ethnic origin, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), age, physical, mental or sensory disability, marital, civil union or domestic partnership status, past or present military service, family medical history, family or parental status, political affiliation or belief. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for The Adult Education Center to hire me. If I am hired, I understand that either The Adult Education Center or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of The Adult Education Center has the authority to make any assurance to the contrary. I attest with my signature below that I have given to The Adult Education Center true and complete information on this application. No requested information has been concealed. I authorize The Adult Education Center to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information. I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature	Date
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THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.