



EMPLOYMENT RECORD: Please indicate at least the last three years of employment. Start with present or most recent position and work back. Include military service. Use additional sheets if necessary.

Employer:					Type of Business	Full Time <input type="checkbox"/>	
Mailing Address:						Part-time <input type="checkbox"/>	
City and State:						Seasonal <input type="checkbox"/>	
Starting Date		Leaving Date		Starting Base Salary	Ending Base Salary	Starting Position/Title	Present or Last Title
Mo.	Yr.	Mo.	Yr.				
Immediate supervisor:			Briefly describe your duties and responsibilities:				
Phone:							
Explain reason for leaving:							

Employer:					Type of Business	Full Time <input type="checkbox"/>	
Mailing Address:						Part-time <input type="checkbox"/>	
City and State:						Seasonal <input type="checkbox"/>	
Starting Date		Leaving Date		Starting Base Salary	Ending Base Salary	Starting Position/Title	Present or Last Title
Mo.	Yr.	Mo.	Yr.				
Immediate supervisor:			Briefly describe your duties and responsibilities:				
Phone:							
Explain reason for leaving:							

Employer:					Type of Business	Full Time <input type="checkbox"/>	
Mailing Address:						Part-time <input type="checkbox"/>	
City and State:						Seasonal <input type="checkbox"/>	
Starting Date		Leaving Date		Starting Base Salary	Ending Base Salary	Starting Position/Title	Present or Last Title
Mo.	Yr.	Mo.	Yr.				
Immediate supervisor:			Briefly describe your duties and responsibilities:				
Phone:							
Explain reason for leaving:							

I hereby certify that the foregoing statements as well as those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from employment.

I understand that any employment is conditioned on a background check. For this purpose I am willing to disclose my date of birth and ethnicity. I authorize Aransas Pass for Youth, Inc. and its representatives to thoroughly investigate all statements contained in my application, and authorize my former employers and references to disclose information regarding my former employment, character and general reputation to APFY, Inc., without giving me prior notice of such disclosure. In addition, I release APFY, Inc., any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand that employment with Aransas Pass For Youth, Inc. is "at will". Employment can be terminated by either party, at any time, and for any reason. This includes termination with or without reason, and with or without notice. If I am offered employment I agree to submit to a medical examination or drug test before starting work or at any time deemed appropriate by APFY as permitted by law. By signing this application I am also agreeing to a mandatory Criminal History and Sex Offender check prior to an offer of employment. To complete these background checks it is necessary that APFY obtain your date of birth and ethnicity.

YOU MAY CONTACT:  
 Present employer    Yes     No     Former employers    Yes     No

Applicant's signature

Date

Date of Birth

Ethnicity

