Employment Application

Application Process
Proceso de Aplicacion

- [ ] All candidates must fill out the application completely.

  Todos los candidatos deben completar la aplicacion totalmente.

- [ ] Please be specific to the position and location for which you are applying. Incomplete applications will be discarded (i.e., no job title specified, Employment History left blank, and/or failure to answer questions regarding felony/misdemeanors).

  Por favor sea especifico(a) a la posicion y a la localizacion para las cuales usted esta solicitando. Desecharemos los aplicaciones incompletas (I.E. el titulo del trabajo no esta especificado, su historia del empleo esta dejado en blanco, y/o falta de contestar preguntas con respecto a crimenes/delitos menores).

- [ ] Resumes do not substitute for work history on the application.

  Los curriculums vitae no substituyen para la historia del trabajo en las aplicacion. Usted todavia debe terminar las hostoria de empleo.

- [ ] Please sign and date the application.

  Por favor poner la muestra y fecha en la aplicacion.

APPLICATION FOR EMPLOYMENT
AIDS Services of Austin
PO Box 4874
Austin, TX 78765

This application can be faxed to 512-452-3299 or emailed to asa.mail@asaustin.org

www.asaustin.org

Personal Information				
Last Name	First Name	MI	Suffix	SSN
Present street address	City	State	ZIP	Preferred phone:
				Alternate phone:
Permanent street address (if different from above)				Email address:

Are you at least 18 years of age? Yes____No _____Please list any previous names:_____

Eligibility to Work: Are you either a United States citizen or an alien who has the legal right to work in the job for which you are applying?
Yes _____No_____

Pursuant to the Immigration Reform and Control Act of 1986, all applicants upon being made an offer of employment must produce documents, which are specified by the Federal Government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after commencement of employment. New employees also will be required to sign Form I-9 (issued by the Federal Government) verifying under oath employment authorization.

Position or Type of Work you seek (List all position titles here. Use one application for all desired positions.)

Position:_____Department:_____

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Salary desired:_____Date you are available to work:_____

Type of employment: Full Time_____Part Time_____Contract_____
If needed, are you available to work occasional weekends? Yes _____No_____

Availability (please check all that apply):
Day (8:30am – 5:30pm) _____Evening (5:30pm – 8:00pm) _____Nights (6:00pm – 12:00am) _____other, please specify _____

Have you ever been employed by AIDS Services of Austin or any other community AIDS service organization? Yes_____No_____

Agency/Name/Location:_____

How did you hear about us?
TV_____Radio_____Friend_____ASA Employee (name) _____

Newspaper (please specify) _____ Website (please specify) _____ other _____

Education						
Name of School	City & State	From Mo/Yr	To Mo/Yr	Degree or Diploma	Major Subject(s)	Minor Subject(s)
High School						
College						
Graduate School						
Other: Trade, Technical, Secretarial, etc.						

Did you graduate from high school? Yes_____No_____high school city and state: _____

If not, highest grade completed: _____ Did you complete a GED? Yes_____No_____

Last Name: _____First Name: _____

Please attach separate sheets as necessary to provide **complete** work history.

Employment History						
Name & Address of Employer (most recent)	From Mo/Yr	To Mo/Yr	Position	Rate of Pay Start/Last	Supervisor's Name & Phone Number	May we contact previous employers?
						Yes_____ No_____
Describe the work you performed: Reason for leaving:						
Name & Address of Employer	From Mo/Yr	To Mo/Yr	Position	Rate of Pay Start/Last	Supervisor's Name & Phone Number	
Describe the work you performed: Reason for leaving:						
Name & Address of Employer	From Mo/Yr	To Mo/Yr	Position	Rate of Pay Start/Last	Supervisor's Name & Phone Number	
Describe the work you performed: Reason for leaving:						
Name & Address of Employer (least recent)	From Mo/Yr	To Mo/Yr	Position	Rate of Pay Start/Last	Supervisor's Name & Phone Number	
Describe the work you performed: Reason for leaving:						

Explain any gaps of more than one month during the time covered by your work history: _____

_____

Any other relevant skills and experience:_____

_____

Professional Licenses and/or Certifications/Registrations held. DO NOT INCLUDE YOUR DRIVER'S LICENSE unless the applicable position requires driving as an essential function.	Type of License/Certification/Registration	State	License/certification/registry #	Expiration date

Have you ever been convicted of, or have you pleaded guilty or no contest (nolo contendere) to a felony or misdemeanor offense? Yes_____No_____If yes, explain. Give dates and the state and county of conviction. (NOTE: AIDS Services of Austin performs criminal background inquiries. Answering Yes will not necessarily bar you from employment. However, false statements or material omissions will disqualify you from further consideration for employment and may be considered justification for dismissal.)

_____

Have you ever been involuntarily discharged from a job? Yes_____No_____If Yes, explain and give dates: _____

_____

Have you ever had any sustained finding of child abuse or neglect, including sexual abuse, physical abuse, emotional abuse, physical neglect, neglectful supervision, or medical neglect? Yes_____No_____If your answer is Yes, please provide all relevant facts, including the date(s) and title of the finding(s)

_____

_____

Last Name: _____ First Name: _____

Professional References

Name_____ Telephone_____

Address_____Relationship _____

Email: _____

Name_____ Telephone_____

Address_____Relationship _____

Email: _____

Name_____ Telephone_____

Address_____Relationship _____

Email: _____

Applicant's Consent

Applicant: Please read the following carefully before signing.

I hereby voluntarily and without duress agree to all the following terms. Any term listed below not in compliance with applicable laws will be void, but in no way affects any other term.

Application
I certify that the information provided on this Application and any other materials submitted to support this application is correct and complete. I understand and agree that any false statements or material omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. Except as otherwise protected by law or regulation, the information contained in the Application is not confidential and may be used or reported by AIDS Services of Austin.

Background Information
In consideration of my being considered for employment, I authorize AIDS Services of Austin to investigate, at its discretion, my past employment record and to make further investigation as it deems proper with respect to my experience, character, and integrity and to verify the statements and answers contained herein. I agree to cooperate in such investigation and I release from all liability and responsibility AIDS Services of Austin, its affiliates, directors, officers, employees, and agents and all other persons or entities requesting and/or supplying information for the investigation. I hereby authorize AIDS Services of Austin to contact any of the persons listed as "Professional References".

Employment at Will
I understand that this Application in no way obligates AIDS Services of Austin to employ me. I also agree and understand that if employment is offered to me and accepted, such employment is for an indefinite term and is solely on at-will basis. As an "employee-at-will," I understand and agree that either AIDS Services of Austin or I may terminate my employment, at any time, with or without cause, and with or without notice. I further understand that if employed, no supervisor, manager, or other employee or representative of AIDS Services of Austin has the authority to change the at-will nature of my employment without approval in writing by the AIDS Services of Austin Executive Director and that any oral promises purporting to change my at-will status are not binding upon AIDS Services of Austin.

Miscellaneous
I also agree never to disclose or to use for my personal benefit any confidential information of AIDS Services of Austin or its clients/patients. If offered employment, I agree to abide by the safety rules and other policies and procedures of AIDS Services of Austin. I understand that should an offer of employment be made to me, employment is conditioned on the results of employment history verification to be conducted by AIDS Services of Austin, as well as a reference check and a background check. AIDS Services of Austin is an Equal Opportunity Employer. Factors such as age, color, national origin, mental or physical disability, race, religion, sex, sexual orientation, marital status, public assistance status, military status or political affiliation, shall not be used in a discriminatory way in any employment activity.

_____

Applicant's signature Date

Last Name: _____ First Name: _____

EEO Status Declaration for Applicants

AIDS Services of Austin is an equal opportunity employer. AIDS Services of Austin values diversity and strives to recruit a workforce that mirrors the communities in which we serve. The following information is used solely in connection with our efforts to maintain and develop a diverse and inclusive workforce. You can assist AIDS Services of Austin in this process by completing this **CONFIDENTIAL**, self-disclosure form. Section I must be completed. However, all other information is strictly voluntary and refusal to provide such information will not result in adverse treatment. If you choose to not complete sections II through VII, please note in Section VIII.

I. Date_____

Name (First, MI, Last) _____

Position for which you are applying _____

Social Security Number _____

Location for which you are applying _____

II. Gender: Male_____Female_____Transgender_____

III. Ethnicity: Please refer to the description below and select the one that best describes you:

Hispanic or Latino_____Not Hispanic or Latino_____

IV. Race: Please refer to descriptions below and select one or more that best describes you:

American Indian/Alaska Native_____Asian_____Black/African American_____Native Hawaiian/ Pacific Islander_____White_____

V. Country of origin: _____

VI. Disabled: Please refer to descriptions below and select the one that best describes you: Yes_____No_____

VII. Veteran: Refer to descriptions below and select the best descriptor: Yes_____No_____Vietnam Era_____Disabled Veteran_____

VIII. Decline Disclosure_____

TO BE COMPLETED BY APPLICANT – NOT FOR INTERVIEW PURPOSES – TO BE FILED SEPARATELY FROM APPLICATIONS

Self Identification Descriptions

Ethnicity:

Hispanic or Latino: Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race:

1. **American Indian/Alaskan Native**: Persons having origins in any of the original peoples of North and South America (including Central America) and maintaining tribal affiliation or community recognition.
2. **Asian**: Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including e.g. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
3. **Black**: Persons having origins in any of the Black racial groups of Africa.
4. **Native Hawaiian/Other Pacific Islander**: Persons having origins in any of the original peoples on Hawaii, Guam, Samoa or other Pacific Islands.
5. **White**: Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Vietnam-Era Veteran

Use the following identification to identify yourself as a Vietnam-Era Veteran:

If you served on active duty for a period of more that 180 days, any part of which occurred during August 6, 1964 to May 7, 1975, and were discharged or released from that duty prior to December 31, 1991, with other than a Dishonorable Discharge.

Disabled Veteran

Use the following definition to identify yourself as a Disabled Veteran:

1. If you are entitled to disability compensation administered by the Veteran Administration for a disability rated at 30% or more, or
2. If you were released or discharged from active duty for a disability incurred in the line of duty.

Disabled:

Use the following to identify yourself as disabled:

1. If you have an impairment (physical or mental) that substantially limits one or more major life activities. (A major life activity is any mental or physical function that, if impaired, creates a substantial barrier to employment),
2. If you have a record of such an impairment, or
3. If you are regarded as having an impairment.