

**Dietert Center**  
**451 Guadalupe St., Ste 101, Kerrville, Texas 78028**  
**Employment Application Form**

*PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE*

**PLEASE COMPLETE ALL PAGES.** DATE \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Number
Street
City
State
Zip

How long \_\_\_\_\_ E-mail Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

(1) Position applied for (1) \_\_\_\_\_ Days/hours available to work  
 NoPref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

(2) Salary desired (2) \_\_\_\_\_  
 (Be specific)

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_ Can you work weekends? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL-TIME OR PART-TIME

When are you available for work \_\_\_\_\_

Are you or your spouse related to any officer or employee of the Dietert Senior Center? Yes \_\_\_\_\_ No \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     No     Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dietert Center**  
**APPLICATION FOR EMPLOYMENT (Page 2)**

**Skills and Qualifications**

<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Data Entry	<input type="checkbox"/> General Clerical	<input type="checkbox"/> Phone Switchboard	<input type="checkbox"/> Microsoft Excel
<input type="checkbox"/> Calculator	<input type="checkbox"/> QuickBooks	<input type="checkbox"/> Payroll	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Microsoft Outlook
<input type="checkbox"/> Food Mangr. Cert	<input type="checkbox"/> Food Handler Cert.	<input type="checkbox"/> HACCP Cert	<input type="checkbox"/>	<input type="checkbox"/>

Other Skills \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list three references that we may contact who you feel are qualified to describe your capabilities for the position you seek.

<p>1. Name _____          Position _____          Company _____          Address _____          City/State: _____          Telephone ( ) _____          Email _____          How long have you known this person? _____          How do you know this person? _____</p>	<p>3. Name _____          Position _____          Company _____          Address _____          City/State: _____          Telephone ( ) _____          Email _____          How long have you known this person? _____          How do you know this person? _____</p>
<p>2. Name _____          Position _____          Company _____          Address _____          City/State: _____          Telephone ( ) _____          Email _____          How long have you known this person? _____          How do you know this person? _____</p>	

**Dietert Center**

**APPLICATION FOR EMPLOYMENT (Page 3)**

**Work Experience**

Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

May we contact your present employer?  Yes  No

Name of Employer \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title \_\_\_\_\_ Telephone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Job duties and Skills \_\_\_\_\_

\_\_\_\_\_

Name of Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title \_\_\_\_\_ Telephone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Job duties and Skills \_\_\_\_\_

\_\_\_\_\_

Name of Employer \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title \_\_\_\_\_ Telephone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Job duties and Skills \_\_\_\_\_

\_\_\_\_\_

Name of Employer \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title \_\_\_\_\_ Telephone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Job duties and Skills \_\_\_\_\_

\_\_\_\_\_

**PLEASE READ CAREFULLY**

**Dietert Center**

**APPLICATION FORM WAIVER**

I certify that answers given herein, are true, complete, and correct, and I authorize my former employers and above listed references to release to Dietert Center any and all information they may have concerning me, including my employment records. A Photocopy of this authorization shall be as valid as the original.

I understand that falsification of any information provided by me, or my failure to give complete answers on this application, may result in rejection of my application or, if discovered later, in my dismissal.

I further understand that, if I am hired, my employment will not be for any definite period of time and may, regardless of the stated frequency of payment of my salary (per bi- weekly, per month, per year, etc.), I can be terminated at any time and for any reason just as I will be free to resign at-will. I expressly understand and agree that no promises to the contrary shall be binding upon the Dietert Center unless they are committed to in writing and signed by the Dietert Center Executive Director and me.

I further agree that I will, upon request, submit to pre-employment testing for the presence of drugs and/or controlled substances in my system, and I hereby authorize the laboratory to release the results of any such testing to the Dietert Center Executive Director.

I further agree that, if hired for a position requiring the operation of a motor vehicle, I will maintain a good driving record at all times, including during non-working hours, and I understand that my failure to do so will constitute misconduct subjecting me to dismissal.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Dietert Center is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

**Thank you for completing this application form and for your interest in our Center!**

**Management ONLY**

Notes

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Interviewed \_\_\_\_\_ Hired Y N Background Submitted \_\_\_\_\_ Background Approved Y N