



Aurora House Application for Employment

Personal and General Information

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Placement you are seeking: ☐ Full Time ☐ Part Time

Employment Desired

Position: _____ Date You Can Start: _____

Are You Employed? ☐ Yes ☐ No If so, may we inquire with your present Employer? ☐ Yes ☐ No

Education

| | Name of School | Years Attended | Degree Received | Major |
|--------------------------|----------------|----------------|-----------------|-------|
| High School | | | | |
| College | | | | |
| Business Or Trade School | | | | |

Work History

Employer #1: _____ Dates Employed (From-To): _____

Address: _____ Position: _____

Employer #2: _____ Dates Employed (From-To): _____

Address: _____ Position: _____

Employer #3: _____ Dates Employed (From-To): _____

Address: _____ Position: _____

CONTINUED ON OTHER SIDE

References

#1 Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

#2 Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

#3 Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature: _____ Date: _____

Do Not Write Below This Line

Notes

APPROVED 1. _____ 2. _____ 3. _____

EMPLOYMENT MANAGER

DEPARTMENT HEAD

GENERAL MANAGER

This application for employment is sold only for general use throughout the United States. Adams assumes no responsibility and hereby disclaims any liability for the inclusion in this form any questions or requests for information upon which a violation of local, state, or federal law may be based. It is the user's responsibility to ensure that the form's use complies with applicable laws, which change from time to time.

Return completed form to: Aurora House, 2646 W 18th St., Weslaco, TX | Email: aurorahousefoundation@yahoo.com | Fax: 956-973-9705.