



The Arc
of San Antonio

Serving People With Developmental Disabilities

APPLICATION FOR EMPLOYMENT

Please complete all sections; incomplete applications will not be considered.
The Arc of San Antonio is an equal opportunity employer.

PERSONAL INFORMATION

Name: _____
First
Middle
Last

Address: _____
Street
Apt. #

City
State
Zip

Phone Number: (____) _____ E-Mail Address: _____

Driver's License Number: _____ State: _____

Are you a United States citizen? Yes ___ No ___

If not, are you eligible to work in the United States? Yes ___ No ___

Have you ever been convicted of or pleaded no contest to a felony? Yes ___ No ___

If yes, explain: _____

POSITION / AVAILABILITY

Position Applied For: _____

Days / Hours Available

Days	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Hours Available	From:	From:	From:	From:	From:	From:	From:
	To:	To:	To:	To:	To:	To:	To:

What date are you available to start working? _____

EDUCATION

Name and Address of School(s)	Diploma Major Degree	Date Graduated
High School:	GED: <input type="checkbox"/> Yes <input type="checkbox"/> No or Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College/Technical School:	Certification/Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College/Technical School:	Certification/Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College/Technical School:	Certification/Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	

SKILLS / QUALIFICATIONS

Please list any special skills, qualifications, certifications, licenses or awards you have that may be applicable to the job being applied for:

Please list any equipment or machinery you can operate that may be applicable to the job being applied for:

EMPLOYMENT HISTORY

Please provide information on your last four jobs beginning with the present or most recent.

Name of Employer: _____

Address: _____

Name of Supervisor: _____

Phone Number: _____

E-Mail Address: _____

Position / Title: _____

Date Employment Began: _____ **Date Employment Ended:** _____

Job Duties / Responsibilities: _____

Ending Pay Rate: \$ _____ **Per Hour** ___ **Weekly** ___ **Bi-Monthly** ___ **Monthly** ___

Reason For Leaving: _____

Name of Employer: _____

Address: _____

Name of Supervisor: _____

Phone Number: _____

E-Mail Address: _____

Position / Title: _____

Date Employment Began: _____ **Date Employment Ended:** _____

Job Duties / Responsibilities: _____

Ending Pay Rate: \$ _____ **Per Hour** ___ **Weekly** ___ **Bi-Monthly** ___ **Monthly** ___

Reason For Leaving: _____

Name of Employer: _____

Address: _____

Name of Supervisor: _____

Phone Number: _____

E-Mail Address: _____

Position / Title: _____

Date Employment Began: _____ Date Employment Ended: _____

Job Duties / Responsibilities: _____

Ending Pay Rate: \$ _____ Per Hour ___ Weekly ___ Bi-Monthly ___ Monthly ___

Reason For Leaving: _____

Name of Employer: _____

Address: _____

Name of Supervisor: _____

Phone Number: _____

E-Mail Address: _____

Position / Title: _____

Date Employment Began: _____ Date Employment Ended: _____

Job Duties / Responsibilities: _____

Ending Pay Rate: \$ _____ Per Hour ___ Weekly ___ Bi-Monthly ___ Monthly ___

Reason For Leaving: _____

May we contact your present employer? Yes ___ No ___

May we conduct a criminal history background check? Yes ___ No ___

REFERENCES

Please provide three personal / professional references

Name / Title	Address	Occupation	Phone
			()
			()
			()

I certify that information provided in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed in the application.

Applicant's Signature: _____ Date: _____

For Office Use Only	
Date Interviewed: _____	
Interviewed By: _____ Signature	_____ Title
Print Name: _____	
Department / Program: _____	