

Children's Disabilities Information Coalition  
1200 Golden Key Circle Suite 144  
El Paso, TX 79925  
(915) 217-2747 / (915) 219-8800



## APPLICATION FOR EMPLOYMENT

Please provide the following with your application:

- Resume
- Copy of College Transcript or High School Degree/FED-applicable

## APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, natural origin, disability, or veteran status.

TO THE APPLICANT: Thank you for considering Children's Disabilities Information Coalition as a possible source of employment. For us to give you consideration, this application must be filled out completely. Blank spaces mean that we cannot fairly compare your application to others we may receive, and therefore we will not be able to consider your application if there are blank spaces.

Today's Date: \_\_\_\_\_

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Last Name	First Name	Middle Name
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Address	City/State	Zip Code
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Have you ever applied for employment with us?  Yes  No

If yes, what month and year: \_\_\_\_\_

Position applying for: \_\_\_\_\_

If position required State Licensure Certification, please provide number: \_\_\_\_\_

Are you available to work full-time?  Yes  No

Do you have your own transportation?  Yes  No

Driver's License Number: \_\_\_\_\_

Are you eligible for employment in the US?  Yes  No

## APPLICATION FOR EMPLOYMENT

### EDUCATION

School Name	Course of Study	Year Completed	Diploma, Degree or GED

### EMPLOYMENT HISTORY

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Title/Job Duties: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Title/Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Title/Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**CHILDREN'S DISABILITIES HISTORY CHECK (Please Print)**

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name

\_\_\_\_\_  
Address                                      City                                      Zip Code

Date of Birth: \_\_\_\_\_                      Male: \_\_\_\_\_                      Female: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Additional names you may be listed under?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION RELEASE**

In consideration of my desire for employment services, I hereby authorize Children's Disabilities Information Coalition (CDIC) to obtain a criminal record history check using the above information.

I hereby hold Childre's Disabilities Information Coalition (CDIC) harmless in the obtaining of criminal record history information pertaining to me. Furthermore, I hereby hold Children's Disabilities Information Coalition (CDIC) harmless for the subsequent use of the criminal record history information obtained in making a decision related to my request for employment with Children's Disabilities Information Coalition (CDIC).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_