



# The Army Residence Community

7400 Crestway  
San Antonio, Texas 78239-3098

Date \_\_\_\_\_

Position Applied For \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment on the basis of race, religion, color, national origin, age, gender, disability (if otherwise qualified to do the job with or without reasonable accommodations), or any other characteristic protected by law. **WE ARE A TOBACCO FREE ORGANIZATION.**

**INSTRUCTIONS:** APPLICATION **MUST** be COMPLETED by the APPLICANT. Print in **black ink**, answer each question carefully, give as much detail as possible and write **N/A** if the question does not pertain. Failure to do this will result in delay or possible rejection of the application. It is our practice to verify information given by applicants.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle

Current Home Address: \_\_\_\_\_ /  
No. and Street City, State and Zip Code Years/Months

Mailings Address if different from address listed above: \_\_\_\_\_  
No. and Street City, State and Zip Code Years/Months

List number/s where you can be contacted: Cell Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Home/Alternate Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Do you have any relatives or friends working for the ARC?  Yes  No If yes, list name and relationship: \_\_\_\_\_

Have you ever been employed by the ARC?  Yes  No If yes, list the dates, position, supervisor and reason for leaving: \_\_\_\_\_

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?  Yes  No

If hired, would you have reliable transportation to/from work?  Yes  No If you are **under the age of 18**, please state your age: \_\_\_\_\_

How did you learn about this opening?  Friend  Family  Job Finder  Indeed  Web Page  Other: \_\_\_\_\_

What type of employment are you seeking?  Full-time  Part-time  PRN/Pool (Healthcare only)

Are you willing to work overtime as required?  Yes  No

I am available to work any day of the week **OR** check **DAYS** you **CANNOT** work:  Sun  Mon  Tues  Wed  Thurs  Fri  Sat

Are you able to work the required schedule for this position?  Yes  No Min. Pay Required: \$ \_\_\_\_\_ per  Hour  Month  Annual

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodations?  Yes  No

Have you ever been convicted of a felony, been assessed deferred adjudication for a felony, plead guilty to a felony, or been convicted of any misdemeanor including a DWI/DUI or conviction for use, possession or sale of drugs or chemical substances?  Yes  No Do you have any pending charges against you?  Yes  No

If you answered yes to either question above, please describe. It is not necessary to list parking or minor traffic violations.

**NOTE:** A conviction or pending charge is not an automatic exclusion from being hired, each case is considered separately based on the job requirements.

EDUCATION	NAME OF SCHOOL OR COLLEGE/UNIVERSITY	LOCATION (City and State)	Number of Years Completed	Did you Graduate?	Month/Year of Graduation.
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you select College/University or other listed above, please list major course of study and/or degree(s):

Please list Major: \_\_\_\_\_ Please list Minor: \_\_\_\_\_  
Please list Degree Completed: \_\_\_\_\_ Please list Degree Completed: \_\_\_\_\_

List any additional schooling or specialized training not listed above: \_\_\_\_\_  
\_\_\_\_\_

List (full-time, part-time and temporary) employment for the last 10 years or 5 prior employers, whichever is greater. Explain all periods of unemployment.

**Current/Last Employer:** \_\_\_\_\_ Phone No. :( ) \_\_\_\_\_  
Address: (Street, City, State & Zip) \_\_\_\_\_  
Supervisor Name and Title: \_\_\_\_\_  
Start Date (Month/Year): \_\_\_\_ / \_\_\_\_ End Date (Month/Year): \_\_\_\_ / \_\_\_\_ Base Pay: \$ \_\_\_\_\_ per \_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
List Duties: \_\_\_\_\_

May we contact your current employer?  Yes  No

**Previous Employer:** \_\_\_\_\_ Phone No. :( ) \_\_\_\_\_  
Address: (Street, City, State & Zip) \_\_\_\_\_  
Supervisor Name and Title: \_\_\_\_\_  
Start Date (Month/Year): \_\_\_\_ / \_\_\_\_ End Date (Month/Year): \_\_\_\_ / \_\_\_\_ Base Pay: \$ \_\_\_\_\_ per \_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
List Duties: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Phone No. :( ) \_\_\_\_\_  
Address: (Street, City, State & Zip) \_\_\_\_\_  
Supervisor Name and Title: \_\_\_\_\_  
Start Date (Month/Year): \_\_\_\_ / \_\_\_\_ End Date (Month/Year): \_\_\_\_ / \_\_\_\_ Base Pay: \$ \_\_\_\_\_ per \_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
List Duties: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Phone No. :( ) \_\_\_\_\_  
Address: (Street, City, State & Zip) \_\_\_\_\_  
Supervisor Name and Title: \_\_\_\_\_  
Start Date (Month/Year): \_\_\_\_ / \_\_\_\_ End Date (Month/Year): \_\_\_\_ / \_\_\_\_ Base Pay: \$ \_\_\_\_\_ per \_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
List Duties: \_\_\_\_\_

Have you ever been terminated or asked to resign by an employer?  Yes  No If yes, please explain, include employer(s), date(s) and circumstances: \_\_\_\_\_  
\_\_\_\_\_

**Military Status:**

Were you in the United States Armed Forces?  Yes  No If so, what branch? \_\_\_\_\_

Dates of Service: From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Type of discharge: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

Briefly summarize any other experience or qualification/s you have for the position you are seeking i.e. computer software, specialized training

Do you currently hold all licenses/certifications required for the position for which you are applying?  Yes  No

State your current license/certification, number and expiration date: \_\_\_\_\_

Has your license/certification ever been denied, suspended, revoked or limited by any governmental authority and/or professional organization?  Yes  No If yes, provide complete information on license date(s), organization and action(s) taken: \_\_\_\_\_

List any language/s other than English you fluently speak, read or write? \_\_\_\_\_ Speak  Read  Write

**REFERENCES**

List at least 3 business references, supervisors (not relatives or friends) who can attest to your work experience and/or qualifications.

NAME & TITLE of SUPERVISOR	COMPANY NAME and ADDRESS (Street, City, & State)	PHONE NUMBER w/Area Code

If offered employment, how soon can you report to work? \_\_\_\_\_

**APPLICATION PROCESS**

The Army Residence Community (ARC) only accepts applications for open positions and may not interview all applicants for open positions. Applicants to be interviewed will be contacted by phone. Applicants wishing to be considered for future open positions will be required to complete a new application unless, less than two months have passed since the last time an application was submitted for a previous open position.

**APPLICANT VERIFICATION**

I certify that the information contained in this application and resume/s submitted is true and complete to the best of my knowledge. I understand that any false, misleading, incomplete or omitted information on this application and resume/s may result in my failure to receive an offer, or if I am hired, my dismissal from employment at any time thereafter.

If I am considered for employment, I authorize the ARC and its agents to investigate the information contained on this application and in resume/s, and to investigate my suitability for employment. I agree to furnish additional information if requested by the ARC or its agents. I release the ARC, its agents and all other persons or organizations from any claims, liabilities and damages resulting from obtaining or furnishing information about me.

I understand that the ARC endeavors to operate in a safe manner for all employees, clients and visitors. Because of this safety concern, the ARC requires that all individuals receiving a conditional employment offer successfully complete and pass certain pre-employment procedures including, but not limited to, satisfactory employment references, a drug screen, driving record check, and licensure/certification verification, if appropriate. I understand that if I do not consent to the drug screen, produce a positive test result, or fail to successfully complete all of ARC's pre-employment procedures, I will not be considered for employment.

If employed, I understand that I will be asked to complete a Federal I-9 Form and provide documentation of my identity and documentation verifying my right to live and work in the United States.

I understand that this application is not intended as a job offer or an employment contract for any time period. Any employment can be terminated at any time by the ARC or me without notice or requirement of cause. I understand that the position being applied for requires reliable attendance and dependable performance, and that I may be required to work various shifts and schedules as directed by my supervisor. If employed, I agree to comply with the ARC's policies, rules and procedures as modified from time-to-time.

Signature (Full Name): \_\_\_\_\_ Date: \_\_\_\_\_

Additional writing space, if necessary: \_\_\_\_\_

Blank writing area with horizontal lines.