

# Youth Empowerment Services, INC.

702 Cincinnati Ave &  
511 Fredericksburg Rd  
San Antonio, Texas 78201  
210-735-2341

## APPLICATION FOR EMPLOYMENT

**Instructions:** Please read the following carefully. Application for employment must be completed in black ink or typed. Resumes, Diplomas and transcripts must be attached for all applicants applying for a teaching or an administrative position. Certificates can be attached. All information furnished in this application is subject to verification by the Human Resource Office.

Date:	Location:	Position Applying For:	Start Date:
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**Indicate your name as it appears on your social security card.**

Last Name:	First Name:	Initial(s)
Social Security Number	Home No:	Business#:
Date of Birth:	Cell No:	Ext No:
Mailing Address (Street, City, State, Zip):		Email Address:
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black African American <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		Ethnicity: <input type="checkbox"/> Not Hispanic/ Latino <input type="checkbox"/> Hispanic/Latino

### Emergency Contact

Name/Relationship	Address	Phone
Name/ Relationship	Address	Phone

### Medical Information

Physician	Office	Insurance	Policy / Group	Hospital
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The following information is optional and only use for medical emergencies.

Medical problems: \_\_\_\_\_

Medications: \_\_\_\_\_

	Yes	No		Yes	No
Are You Legally Authorized To Work In The U.S.	<input type="checkbox"/>	<input type="checkbox"/>	Full-time	<input type="checkbox"/>	<input type="checkbox"/>
Are you presently employed	<input type="checkbox"/>	<input type="checkbox"/>	Part-time	<input type="checkbox"/>	<input type="checkbox"/>
If yes, may we inquire of your present employer	<input type="checkbox"/>	<input type="checkbox"/>	Substitute	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed by us	<input type="checkbox"/>	<input type="checkbox"/>			
If yes, where, when, what position					
Do you have any relatives working for this school?	<input type="checkbox"/>	<input type="checkbox"/>			
List names/ Relationship:					
Are willing to Travel?	Frequently <input type="checkbox"/> Occasional <input type="checkbox"/> not at all <input type="checkbox"/>				

## EDUCATION

Below write final grade attended: 1 2 3 4 5 6 7 8 9 10 11 12 GED School name/Location \_\_\_\_\_

College/University Name and Location Copies of college and university transcripts must be accompany for professional position.	Dates Attended		Degree Received	Major Field	Minor Field
	FROM	TO			

Items you can operate proficiently.

Certifications/Licenses (specify state)	
Microcomputers	
Applications/Software	
Machines/Equipment	
Other	

Additional Training (school name and location)	Dates Attended	Training Type

### JOB RELATED INFORMATION

List information related to the position for which you are applying

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## EMPLOYMENT HISTORY

<b>NAME</b> Last	First	Middle	SOCIAL SECURITY NUMBER
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Position Title	Immediate Supervisor Name:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Substitute <input type="checkbox"/>
Employer	Supervisors Phone:	
Mailing Address:	City/State/Zip	
Employers Phone:	Reason for Leaving:	
Start Date	End Date	Final Salary:
Summary of Experience:		

Position Title	Immediate Supervisor Name:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Substitute <input type="checkbox"/>
Employer	Supervisors Phone:	
Mailing Address:	City/State/Zip	
Employers Phone:	Reason for Leaving:	
Start Date	End Date	Final Salary:
Summary of Experience:		

Position Title	Immediate Supervisor Name:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Substitute <input type="checkbox"/>
Employer	Supervisors Phone:	
Mailing Address:	City/State/Zip	
Employers Phone:	Reason for Leaving:	
Start Date	End Date	Final Salary:
Summary of Experience:		

### REFERENCES

Name:	Occupation:	Address:	Phone:
Name:	Occupation:	Address:	Phone:
Name:	Occupation:	Address:	Phone:

## **MAINTENANCE AND SKILLED TRADE POSITION**

PLEASE COMPLETE THE FOLLOWING if **Applicable** if not write **NA:**

### **PLUMBING**

	Repair	Replace
Commodes	<input type="checkbox"/>	<input type="checkbox"/>
Water lines/mains	<input type="checkbox"/>	<input type="checkbox"/>
Sewer lines/main	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen sink	<input type="checkbox"/>	<input type="checkbox"/>
Water heater	<input type="checkbox"/>	<input type="checkbox"/>
Washing machines	<input type="checkbox"/>	<input type="checkbox"/>

	Repair	Replace
Basins	<input type="checkbox"/>	<input type="checkbox"/>
Dryers	<input type="checkbox"/>	<input type="checkbox"/>
Faucets	<input type="checkbox"/>	<input type="checkbox"/>
Bathtub	<input type="checkbox"/>	<input type="checkbox"/>
Showers	<input type="checkbox"/>	<input type="checkbox"/>

### **CARPENTRY**

	Repair	Replace
Doors	<input type="checkbox"/>	<input type="checkbox"/>
Window panes	<input type="checkbox"/>	<input type="checkbox"/>
Fixtures	<input type="checkbox"/>	<input type="checkbox"/>
Walls	<input type="checkbox"/>	<input type="checkbox"/>
Railings	<input type="checkbox"/>	<input type="checkbox"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>
Molding	<input type="checkbox"/>	<input type="checkbox"/>

	Repair	Replace
Windows	<input type="checkbox"/>	<input type="checkbox"/>
Cabinets	<input type="checkbox"/>	<input type="checkbox"/>
Floors	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Roofs	<input type="checkbox"/>	<input type="checkbox"/>
Woodwork	<input type="checkbox"/>	<input type="checkbox"/>
Tile	<input type="checkbox"/>	<input type="checkbox"/>

### **ELECTRICAL**

	Repair	Replace
Light fixtures/outlets	<input type="checkbox"/>	<input type="checkbox"/>
Temporary service	<input type="checkbox"/>	<input type="checkbox"/>
Install cathodic protection devices	<input type="checkbox"/>	<input type="checkbox"/>

	Repair	Replace
Install breaker panels	<input type="checkbox"/>	<input type="checkbox"/>
Install wiring	<input type="checkbox"/>	<input type="checkbox"/>
Other electrical work	<input type="checkbox"/>	<input type="checkbox"/>

### **PAINTING**

	Yes	No
Interior/exterior painting with brushes/rollers	<input type="checkbox"/>	<input type="checkbox"/>
Varnishing, staining and finishes	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Spray painting	<input type="checkbox"/>	<input type="checkbox"/>
Caulking, sealing and patching interior and exterior surfaces	<input type="checkbox"/>	<input type="checkbox"/>

## CONTINUE - MAINTENANCE AND SKILLED TRADE POSITION

GROUNDS MAINTENANCE	Yes	No		Yes	No
Mowing Grass (push mower/riding or tractor mower)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Watering/fertilizing grass and plants	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			Trimming trees, shrubs and bushes	<input type="checkbox"/>	<input type="checkbox"/>
			Cultivating flower and shrubbery beds	<input type="checkbox"/>	<input type="checkbox"/>

APPLIANCES	Repair	Replace		Repair	Replace
Gas and/or electric ranges	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Air conditioning (window/central units)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			Refrigerators	<input type="checkbox"/>	<input type="checkbox"/>
			Electric/gas heaters (central)	<input type="checkbox"/>	<input type="checkbox"/>

WELDING/CUTTING	Yes	No
Acetylenes torch	<input type="checkbox"/>	<input type="checkbox"/>
Soldering/brazing	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Arc Welder	<input type="checkbox"/>	<input type="checkbox"/>

CUSTODIAL	Yes	No
Cleaning housing/office fixtures	<input type="checkbox"/>	<input type="checkbox"/>
Strip floors	<input type="checkbox"/>	<input type="checkbox"/>
Buffer	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Minor building repair and maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Wax floors	<input type="checkbox"/>	<input type="checkbox"/>

For State Agency Use Only:  
 Applicant Number: \_\_\_\_\_

# APPLICANT EEO DATA FORM

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

1. Job Posting Number		2. Last Name (Type or Print)			First	Middle
3. Address		City	State	ZIP Code	4. Daytime Phone	5. Work Phone
6. Sex <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female	7. Birth Date	8. Ethnic Origin <input type="checkbox"/> W-White <input type="checkbox"/> B-Black <input type="checkbox"/> H-Hispanic <input type="checkbox"/> A-Asian <input type="checkbox"/> I-American Indian or Alaskan Native <input type="checkbox"/> P-Native Hawaiian or Other Pacific Islander <input type="checkbox"/> M-Two or More Races				
9. Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Surviving Spouse of Veteran who has not remarried <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Orphan of Veteran killed on active duty <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Former Texas Foster Youth 25 yrs of age or younger <input type="checkbox"/> Yes <input type="checkbox"/> No

13. How did you **first** find out about this job?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <b>01</b> - Other State Employee<br><input type="checkbox"/> <b>02</b> - Job Fair<br><input type="checkbox"/> <b>03</b> - Professional Publication<br><input type="checkbox"/> <b>04</b> - Recruitment Poster<br><input type="checkbox"/> <b>05</b> - Television | <input type="checkbox"/> <b>06</b> - Newspaper _____<br><small style="margin-left: 40px;">Name of Newspaper</small><br><input type="checkbox"/> <b>07</b> - College/University Career Day<br><input type="checkbox"/> <b>08</b> - Human Resource/Personnel Office<br><input type="checkbox"/> <b>09</b> - Radio<br><input type="checkbox"/> <b>10</b> - Agency Web Site - Internet | <input type="checkbox"/> <b>11</b> - WorkInTexas.com<br><input type="checkbox"/> <b>12</b> - Other (specify): _____ |
|---|--|---|

# X

\_\_\_\_\_  
Signature – Applicant

\_\_\_\_\_  
Date

**White** – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black** – a person having origins in any of the black racial groups of Africa.

**Hispanic** – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Asian** – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaskan Native** – a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Native Hawaiian or Other Pacific Islander** – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Two or More Races** – a person who primarily identifies with two or more of the above race/ethnicity categories.

**AN EQUAL OPPORTUNITY EMPLOYER**