



## EMPLOYMENT APPLICATION

The Canadian Community Center is an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the Canadian Community Center to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

### PERSONAL INFORMATION

|  |                            |                     |
|--|----------------------------|---------------------|
| NAME: Please print or type   | E-Mail Address             | Home Phone No.      |
| ADDRESS: Street Number and Name, City, State, Zip Code   | Years at present address?  | Cell / Business No. |
| PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code  | Years at previous address? |                     |
| Can you, after employment, submit verification of your legal right to work in the United States?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |                            |                     |
| Are you over 18? <input type="checkbox"/> YES <input type="checkbox"/> NO    If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> YES <input type="checkbox"/> NO |                            |                     |
| Have you ever been convicted of a felony, or for child abuse or sex-related crimes? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, please explain:  |                            |                     |

### EMPLOYMENT DESIRED

|  |   |                |
|--|---|----------------|
| Type of position desired:  | Date Available  | Salary Desired |
| Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |                |
| Please describe your scheduling needs below:   |   |                |
| Have you ever applied at the Canadian Community Center before?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | Have you ever been employed at the Canadian Community Center before? <input type="checkbox"/> YES <input type="checkbox"/> NO |                |
| How were you referred to the Canadian Community Center?<br><input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral (Name of Employee: _____) <input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____ |   |                |

### EDUCATION AND TRAINING

| SCHOOL NAME & LOCATION  | Years Attended |    | Graduate?<br>Yes / No | What Degree | Major Subject |
|---|----------------|----|-----------------------|-------------|---------------|
|   | From           | To |                       |             |               |
| High School   |                |    |                       |             |               |
| College / University  |                |    |                       |             |               |
| College / University  |                |    |                       |             |               |
| Highest Degree Earned<br><input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate |                |    |                       |             |               |
| Additional Education  |                |    |                       |             |               |
| Professional memberships, certificates or licenses held.  |                |    |                       |             |               |
| Computer Skills & Office Equipment:   |                |    |                       |             | _____ WPM     |

**"OUR MISSION IS TO IMPROVE THE HEALTH AND VITALITY OF OUR COMMUNITY"**  
**905 CHEYENNE - P.O. BOX 1106 - CANADIAN, TEXAS 79014 - PHONE (806)323-5254**



### U.S. MILITARY SERVICE DATA

|                                  |
|----------------------------------|
| Branch:                          |
| List Special Training or Skills: |

### EMPLOYMENT DATA

*(PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST)*

|   |                    |                     |              |
|---|--------------------|---------------------|--------------|
| <b>COMPANY NAME</b>                             | Phone No.          | Dates of Employment |              |
|   |                    | From (Mo / Yr)      | To (Mo / Yr) |
| Address (Include Street, City, State, Zip Code) |                    |                     |              |
| Job Title - Start:                              | Job Title - Final: | Base Rate of Pay    |              |
|   |                    | Start               | Finish       |
| Supervisor (Name & Title)                       |                    |                     |              |
| Description of Job Duties                       |                    |                     |              |
| <b>COMPANY NAME</b>                             | Phone No.          | Dates of Employment |              |
|   |                    | From (Mo / Yr)      | To (Mo / Yr) |
| Address (Include Street, City, State, Zip Code) |                    |                     |              |
| Job Title - Start:                              | Job Title - Final: | Base Rate of Pay    |              |
|   |                    | Start               | Finish       |
| Supervisor (Name & Title)                       |                    |                     |              |
| Description of Job Duties                       |                    |                     |              |
| <b>COMPANY NAME</b>                             | Phone No.          | Dates of Employment |              |
|   |                    | From (Mo / Yr)      | To (Mo / Yr) |
| Address (Include Street, City, State, Zip Code) |                    |                     |              |
| Job Title - Start:                              | Job Title - Final: | Base Rate of Pay    |              |
|   |                    | Start               | Finish       |
| Supervisor (Name & Title)                       |                    |                     |              |
| Description of Job Duties                       |                    |                     |              |
| <b>COMPANY NAME</b>                             | Phone No.          | Dates of Employment |              |
|   |                    | From (Mo / Yr)      | To (Mo / Yr) |
| Address (Include Street, City, State, Zip Code) |                    |                     |              |
| Job Title - Start:                              | Job Title - Final: | Base Rate of Pay    |              |
|   |                    | Start               | Finish       |
| Supervisor (Name & Title)                       |                    |                     |              |
| Description of Job Duties                       |                    |                     |              |



### REFERENCE DATA

PROFESSIONAL / WORK REFERENCE WE MAY CONTACT

| NAME | ADDRESS | PHONE NO. |
|------|---------|-----------|
|      |         |           |
|      |         |           |
|      |         |           |
|      |         |           |

### PRE-EMPLOYMENT CERTIFICATION

PLEASE INITIAL

\_\_\_\_\_ I understand that this application is only valid for the position applied for at present and that the Canadian Community Center (CCC) is not obligated to retain or consider this application for future openings.

\_\_\_\_\_ I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the CCC to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from.

\_\_\_\_\_ If employed by the CCC I will abide by all policies and rules.

\_\_\_\_\_ I understand and agree that if employed by CCC, that I will be subject to a criminal background check.

\_\_\_\_\_ I agree to submit to legally permissible drug and/or alcohol testing upon request by the Canadian Community Center. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the CCC storage areas provided for me (locker, desk, computer, etc.) are open to investigation by the CCC without prior notice to me.

\_\_\_\_\_ If I am employed by the CCC I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the CCC or myself. I understand that, other than the Executive Director, no manager, supervisor or representative of the CCC has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the Executive Director of the CCC has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the CCC.

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the Canadian Community Center concerning the nature of my employment, if any, by the CCC and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the CCC. I understand and agree that, except as noted above, no person who is either an agent or employee of the CCC may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Application