

**Dietert Center**  
**451 Guadalupe St., Ste 101, Kerrville, Texas 78028**  
**Employment Application Form**

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

**PLEASE COMPLETE ALL PAGES.** DATE \_\_\_\_\_

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

Present address \_\_\_\_\_  
Number                      Street                      City                      State                      Zip

How long \_\_\_\_\_ E-mail Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

(1) Position applied for (1) \_\_\_\_\_ Days/hours available to work  
 No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

(2) Salary desired (2) \_\_\_\_\_  
 (Be specific)

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_ Can you work weekends? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL-TIME OR PART-TIME

When are you available for work \_\_\_\_\_

Are you or your spouse related to any officer or employee of the Dietert Senior Center? Yes \_\_\_\_\_ No \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     No     Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Dieter Center**  
**APPLICATION FOR EMPLOYMENT (Page 3)**

**Work Experience** Please list your work experience beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

May we contact your present employer?     Yes     No

Name of Employer \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title \_\_\_\_\_ Telephone # \_\_\_\_\_

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

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Job duties and Skills \_\_\_\_\_

Name of Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title \_\_\_\_\_ Telephone # \_\_\_\_\_

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

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Job duties and Skills \_\_\_\_\_

Name of Employer \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title \_\_\_\_\_ Telephone # \_\_\_\_\_

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

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Job duties and Skills \_\_\_\_\_

Name of Employer \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title \_\_\_\_\_ Telephone # \_\_\_\_\_

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

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Job duties and Skills \_\_\_\_\_

Did you complete this application yourself     Yes  No

If not, who did?

***PLEASE READ CAREFULLY***

**Dietert Center**

**APPLICATION FORM WAIVER**

I certify that answers given herein, are true, complete, and correct, and I authorize my former employers and above listed references to release to Dietert Center any and all information they may have concerning me, including my employment records. A Photocopy of this authorization shall be as valid as the original.

I understand that falsification of any information provided by me, or my failure to give complete answers on this application, may result in rejection of my application or, if discovered later, in my dismissal.

I further understand that, if I am hired, my employment will not be for any definite period of time and may, regardless of the stated frequency of payment of my salary (per bi-weekly, per month, per year, etc.), I can be terminated at any time and for any reason just as I will be free to resign at-will. I expressly understand and agree that no promises to the contrary shall be binding upon the Dietert Center unless they are committed to in writing and signed by the Dietert Center Executive Director and me.

I further agree that I will, upon request, submit to pre-employment testing for the presence of drugs and/or controlled substances in my system, and I hereby authorize the laboratory to release the results of any such testing to the Dietert Center Executive Director.

I further agree that, if hired for a position requiring the operation of a motor vehicle, I will maintain a good driving record at all times, including during non-working hours, and I understand that my failure to do so will constitute misconduct subjecting me to dismissal.

**Signature of applicant:** \_\_\_\_\_

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

Dietert Center is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

**Thank you for completing this application form and for your interest in our Center!**

# Dietert Center

451 Guadalupe St., Ste 101, Kerrville, Texas 78028 ~~8003~~ Telephone (830) 792-4044

## Background Check Release and Authorization

I authorize any law enforcement agency (local, state, federal) with information regarding any arrests or convictions for any criminal offense, including traffic offenses, to release such information to the Dietert Center employees, or authorized representatives. I hereby release Dietert Center, its employees, or authorized representatives from any claims, liabilities, or damages from obtaining or furnishing this information.

I will not hold Dietert Center employees, or authorized representatives, responsible for errors or inaccuracies in the acquisition or transmittal of information pertaining to the verification of my background. I understand that if any negative information is found, I have the right to review such information and have it checked for accuracy.

## Waiver

I, \_\_\_\_\_, having made application for employment or to volunteer at Dietert Center, hereby request that you release any and all information concerning my record of arrest, conviction and/or driving record which may be in your custody to the above listed agency or authorized representative. A Photocopy of this authorization shall be as valid as the original.

Print Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License State and # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Complete Current Address: \_\_\_\_\_

\_\_\_\_\_

***My signature indicates that I have read and accept the conditions listed in both the "Background Check and Release Authorization" and the "Waiver" shown above.***

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

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

*(Witness is a Dietert Center Representative)*