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[www.ReliefEnterprise.org](http://www.ReliefEnterprise.org)

## **APPLICATION FOR EMPLOYMENT INSTRUCTIONS**

This application is provided as a fillable PDF form. Open the document and click on each field to type in your response. Please answer all questions to the best of your ability. When complete, you may submit your application in any of the following ways:

On our website:  
[www.ReliefEnterprise.org/contact](http://www.ReliefEnterprise.org/contact)

Via Mail:  
Relief Enterprise, Inc.  
PO Box 15088  
Austin, TX 78761

Via Fax:  
512.451.8758

If you have any questions, please contact us at:  
512.467.0115

# APPLICATION FOR EMPLOYMENT RELIEF ENTERPRISE OF TEXAS, INC.

## RELIEF ENTERPRISE OF TEXAS, INC., IS AN EQUAL OPPORTUNITY EMPLOYER

This application is a fillable PDF. Fill in all fields completely. If questions are not applicable, enter "NA". Do not leave questions blank. Relief Enterprise, Inc., does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services. Resumes will not be accepted in lieu of applications.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address (current): \_\_\_\_\_  
(Street) (City) (State) (Zip)

Position for which you are applying:

Full-time  Part-time Date Available for Work: \_\_\_\_\_ Geographic Preference: \_\_\_\_\_

Are you willing to work hours other than 8-5?  Yes  No Willing to Travel?  Yes  No \_\_\_\_\_ %

Driver's License: State: \_\_\_\_\_ Number: \_\_\_\_\_  Class A  Class B  Class C  Comm

Have you ever been convicted of a felony?  Yes  No If yes, explain in concise detail on a separate sheet of paper, giving the date(s) and nature of the offense(s), the name and location of the court(s), and the disposition of the case(s). A conviction may not disqualify you, but a false statement will.

Are you at least 17 years of age?  Yes  No

### EDUCATION/SKILLS

(Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

Highest Grade Completed: \_\_\_\_\_ Did you graduate/achieve GED?  Yes  No

Type of School	Name and location of school	From	To	Sem/Hours Completed	Graduated	Type of Degree	Field of Study
		mo / yr	mo / yr		yes / no		
Colleges, Universities							
Technical, Vocational							

If you have a current license, certificate, or other authorization related to the position for which you are applying, complete the following:

License/Certification (PE, RN, CPA, etc.)	Date Issued	Issued by (State or Other Authority)	License #	Location of Issuing Authority

Special Skills/Qualifications: list all special skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware, etc.:

Have you ever been employed by Relief Enterprise, Inc.?  Yes  No If yes, when? \_\_\_\_\_

Do you have any relatives working for this company?  Yes  No If yes, list the names and relationship.

**Employment History** Include ALL employment. Begin with your most recent position and work back to your first position.

Position Title: _____	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Summer <input type="checkbox"/>	Temp <input type="checkbox"/>
Employer: _____	Immediate Supervisor's Name: _____			
Mailing address: _____	Title: _____			
City/State/Zip: _____	Phone Number: ( ) _____			
Start Date: _____	End Date: _____	Final Salary: _____		
Summary of Experience: _____ _____				
Specific reason for leaving: _____				

Position Title: _____	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Summer <input type="checkbox"/>	Temp <input type="checkbox"/>
Employer: _____	Immediate Supervisor's Name: _____			
Mailing address: _____	Title: _____			
City/State/Zip: _____	Phone Number: ( ) _____			
Start Date: _____	End Date: _____	Final Salary: _____		
Summary of Experience: _____ _____				
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Employer: _____	Immediate Supervisor's Name: _____			
Mailing address: _____	Title: _____			
City/State/Zip: _____	Phone Number: ( ) _____			
Start Date: _____	End Date: _____	Final Salary: _____		
Summary of Experience: _____ _____				
Specific reason for leaving: _____				

Read the following statements and indicate your understanding and acceptance by signing in below:

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the US.

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