



PO Box 15088
Austin, TX 78761
P: 512.467.0115
F: 512.451.8758
www.ReliefEnterprise.org

APPLICATION FOR EMPLOYMENT INSTRUCTIONS

This application is provided as a fillable PDF form. Open the document with Adobe Acrobat Reader and click on each field to type in your response. The free Acrobat Reader Version XI or later will allow you to save the file to your computer. Older versions of the software may not allow you to save the file but will allow you to print a copy.

You can download the latest version of the software here: <https://www.get.adobe.com/reader/>

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

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, INC., IS AN EQUAL OPPORTUNITY EMPLOYER

Please 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)

Date of Birth: _____ SSN: _____ Are you a US Citizen: Yes No

Email Address: _____ Daytime Phone Number: (_____) _____

Position applying for: Full-time Part-time Date Available: _____ City 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.

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: _____				

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: _____				

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: _____