



9135 Stahala Drive, El Paso, TX 79924
www.suncitychristian.org/sun-city-cdc/index.html

Application for Employment

An Equal Opportunity Employer

PERSONAL PROFILE

Position Applied for:

Salary Desired:

First Name:

Middle Name:

Last Name:

Address:

City:

State:

Zip Code:

Primary Contact Number:

Alternate Contact Number:

Primary Email:

Are you 18 Years of Age or Older? Yes No

Do you have a valid Driver's License? Yes No

For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No

EDUCATION

Name of High School:

Diploma/GED Received: Yes No

Name of College/University:

Credit/Hours:

Degree:

Major or Specialty:

Minor if applicable:

Degree Received: Yes No

Dates Attended:

Name of College/University

Credit/Hours:

Degree:

Major or Specialty:

Minor if applicable:

Degree Received: Yes No

Dates Attended:

EMPLOYMENT HISTORY (In chronological order starting with most recent)

Employer Name:	Dates Employed:	Job Title:
Most Recent Ending Salary:		Hours Per Week:
Duties:		
Supervisor's Name:	Supervisor's Title:	Phone:
Reason for Leaving:		
May we contact? Yes	No	If no, please give reason:

Employer Name:	Dates Employed:	Job Title:
Most Recent Ending Salary:		Hours Per Week:
Duties:		
Supervisor's Name:	Supervisor's Title:	Phone:
Reason for Leaving:		
May we contact? Yes	No	If no, please give reason:

Employer Name:	Dates Employed:	Job Title:
Most Recent Ending Salary:		Hours Per Week:
Duties:		
Supervisor's Name:	Supervisor's Title:	Phone:
Reason for Leaving:		
May we contact? Yes	No	If no, please give reason:

Employer Name:	Dates Employed:	Job Title:
Most Recent Ending Salary:		Hours Per Week:
Duties:		
Supervisor's Name:	Supervisor's Title:	Phone:
Reason for Leaving:		
May we contact? Yes	No	If no, please give reason:

MILITARY

Have you ever served in the Armed Forces? Yes No Dates of Service:

Specialty:

Are you currently a member of the National Guard? Yes No Dates of Service:

Specialty:

SKILLS:**COMPUTER SKILLS (Please indicate your skill level)**

Microsoft Word	Beginner	Intermediate	Advanced
Excel	Beginner	Intermediate	Advanced
Power Point	Beginner	Intermediate	Advanced
Access	Beginner	Intermediate	Advanced
Outlook	Beginner	Intermediate	Advanced
Internet	Beginner	Intermediate	Advanced

OFFICE SKILLS

Filing Data Entry Typing WPM

ACCOUNTING SKILLS

Accounts Payable Accounts Receivable General Ledger Cash Register

Other:

BUDGETING SOFTWARE

What Budgeting Software are you proficient in:

PERSONNEL MANAGEMENT

What personnel management software have you worked with:

REFERENCES (List three persons not related to you whom you have known at least one year).

Name:	Address:	
Job Title:	Telephone Number:	Years Acquainted:
Name:	Address:	
Job Title:	Telephone Number:	Years Acquainted:
Name:	Address:	
Job Title:	Telephone Number:	Years Acquainted:

SUMMARY STATEMENT (Optional)

Please use space below to briefly provide a statement of other training, qualifications and experiences you would like to be considered in the review of this application

CONVICTION/CRIMINAL HISTORY

Have you ever been convicted of, or are you the subject of pending charges of any crime/offense?

Yes No

If yes, or pending, specify crime(s), state and/or other location:

Have you ever been the subject of a founded complaint of child abuse or neglected?

Yes No

If yes or pending, state and/or other location:

AGREEMENT

In exchange for the consideration of my job application by The Sun City Development Corporation (hereinafter called "Sun City CDC"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Sun City CDC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an authorized CDC representative. Both the undersigned and The Sun City CDC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the CDC may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for denial of employment or dismissal at any time without any previous notice. I hereby give the Sun City CDC permission to contact schools, current and/or previous employers (unless otherwise indicated), references, and others, and hereby release the CDC from any liability as a result of such contact

I understand that employment by The Sun City CDC is contingent upon completion of all required pre-employment, credit (as applicable) and criminal background checks. I understand that The Sun City CDC may also perform a search of the Child Protective Services records, if relative to position. Any derogatory information found as a result of these checks may be grounds for denial of employment or immediate dismissal.

I understand that in accordance with the Code of Texas and regulations promulgated by the Texas Department Family & Children's Services, I may be required to provide proof of good health as signified by a licensed physician or other medical professional. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I also understand that (1) the CDC has a drug and alcohol policy that promotes a drug-free workplace, (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of any required testing under such policy.

Signature of Applicant

Date

SUN CITY DEVELOPMENT EMPLOYMENT APPLICATION
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