

Twin City Mission
P.O. Drawer 3490
Bryan, TX 77805-3490
(979) 822-7511

APPLICATION FOR EMPLOYMENT

Name: _____ SSN: _____

Mailing Address: _____

City State Zip Code Phone Number

Are you between the ages of 18 and 75? Yes No

Position/ Type Work Desired: _____

Date available for employment: _____

May we contact your current and/or past employers? Yes No

Have you applied at the Mission before? Yes No When? _____

Are you related to anyone in the Mission's employment? Yes No

How were you referred for employment? _____

EDUCATION: (circle highest grade completed)

1 2 3 4 5 6 7 8 9 10 11 12 GED

High School, College, Business or Trade School (Name & Address)	Dates Attended		Degree Received
	From	To	

Major/ Minor fields of study: _____

Are you bilingual? Yes No Language: _____

MILITARY SERVICE? Yes No From: _____ To: _____

WORK EXPERIENCE: List your most recent employment first. Submission of a resume' **may not** be substituted for a completed application. Information should include beginning and ending employment dates. Attach other pertinent documentation, including a resume.

Name / Address / Phone / Supervisor	Dates (Mo/Yr)	Pay	Title	Reason Left

REFERENCES: List three persons (not relatives) you've known a minimum of one year.

Name / Address / Phone	Relationship	Years Known

PHYSICAL HISTORY: Do you have any physical limitations or health problems that may affect your work performance? Yes No

If yes, please describe: _____

EMERGENCY DATA: Name of person to be notified in case of emergency:

 Name/ Address/ Phone Relationship

EMPLOYMENT AT WILL

It is the policy of Twin City Mission that all employees are employed at the will of the company. Employees may resign from Twin City Mission at any time, for any reason and may be terminated by Twin City Mission at any time, for any reason, with or without notice.

I authorize representatives of Twin City Mission, Inc. to investigate all statements and claims in this employment application and attached documents. I understand that misrepresentation or omission of facts requested is cause for discontinuance of consideration for employment or if hired, for dismissal.

Signature: _____ Date: _____