



# FIFTH WARD ENRICHMENT PROGRAM, INC.

4014 Market, Suite 105 • Houston, Texas 77020 • Phone (713) 229-8353 • Fax (713) 229-8311

Website: [www.fwepinc.org](http://www.fwepinc.org) E-Mail [fwep@fwepinc.org](mailto:fwep@fwepinc.org)

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

## APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-5.

DATE \_\_\_\_\_

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

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

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone # \_\_\_\_\_

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

Position applied for (1) \_\_\_\_\_  
and salary desired (2) \_\_\_\_\_  
(Be specific)

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

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

When available for work? \_\_\_\_\_

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 FELONY?  No  Yes

If yes, please explain. \_\_\_\_\_



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**APPLICATION FOR EMPLOYMENT**

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes     No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?       Yes     No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

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

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates  From To	Pay or salary  Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_

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**AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)**

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I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Fifth Ward Enrichment Program, Inc. creates an actual or implied contract of employment. I understand that, if I accept employment with Fifth Ward Enrichment Program, Inc. it will be on an at-will basis. This means that either Fifth Ward Enrichment Program, Inc. or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Fifth Ward Enrichment Program, Inc. I release Fifth Ward Enrichment Program, Inc., and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Fifth Ward Enrichment Program, Inc. to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Fifth Ward Enrichment Program, Inc. and its employees from all liability arising from such investigation.

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

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Fifth Ward Enrichment Program, Inc. 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 Fifth Ward Enrichment Program, Inc. depends solely on your qualifications.





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## CRIMINAL BACKGROUND HISTORY SCREENING

### CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK

Each staff member or volunteer to be screened must sign an authorization form, giving approval for the Agency and VOLUNTEER HOUSTON to perform the criminal background search.

I \_\_\_\_\_ give my permission to obtain information relating to my criminal history record through VOLUNTEER HOUSTON. The criminal history record received from the Texas Department of Public Safety may include arrest and conviction data as well as plea bargains and deferred adjudication.

- I understand this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization.
- I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time.
- I understand that I WILL have an opportunity to review the criminal history and an APPEALS procedure is available for clarification if I dispute the record received from TDPS.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

Fifth Ward Enrichment Program, Inc. is designed to empower boys to become responsible men and productive members of their families and community.

