

EMPLOYMENT HISTORY

In the following spaces, give a complete record of your employment, including periods of unemployment, if any. Begin with your most recent employment, and work back in time. If additional space is needed, attach a supplementary sheet.

1. Employer	Employed From _____ Mo./Yr. To _____ Mo./Yr.	Starting Position
Address		Last Position
Telephone		Other Positions Held
Starting Salary	Final Salary	Immediate Supervisor
Duties		

Reason for Leaving

2. Employer	Employed From _____ Mo./Yr. To _____ Mo./Yr.	Starting Position
Address		Last Position
Telephone		Other Positions Held
Starting Salary	Final Salary	Immediate Supervisor
Duties		

Reason for Leaving

3. Employer	Employed From _____ Mo./Yr. To _____ Mo./Yr.	Starting Position
Address		Last Position
Telephone		Other Positions Held
Starting Salary	Final Salary	Immediate Supervisor
Duties		

Reason for Leaving

4. Employer	Employed From _____ Mo./Yr. To _____ Mo./Yr.	Starting Position
Address		Last Position
Telephone		Other Positions Held
Starting Salary	Final Salary	Immediate Supervisor
Duties		

Reason for Leaving

ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

(In responding to these inquiries, continue on a separate sheet if you require additional space.)

1. May we contact your present and former employers? Yes No

If "no," please explain.

2. Have you ever been known by another name? We need this information to perform a complete check of work and education records. (An affirmative response will not automatically disqualify you from being considered for employment.) Yes No

If "yes," identify name(s) and relevant dates.

3. Have you ever been dismissed or forced to resign from any employment? Yes No

(An affirmative response will not automatically disqualify you from being considered for employment.)

If "yes," please explain.

OTHER SPECIAL SKILLS/QUALIFICATIONS

Describe any other special job-related skills or qualifications (*e.g.*, military experience and training, computers, professional associations, licenses, etc.) that would be valuable to the position for which you are applying.

INDICATE FOREIGN LANGUAGES YOU CAN SPEAK, READ, AND/OR WRITE

Please indicate which language(s) and level of fluency.

EXPERIENCE SUMMARY

Indicate below the kinds of work you have done:

MISCELLANEOUS INFORMATION

(In responding to these inquiries, continue on a separate sheet if you require additional space.)

1. If employment is offered, can you submit verification of your legal right to work for Any Baby Can, Inc. in the U.S.?
Yes No
2. If employment is offered, can you produce personal identification such as a U.S. passport, a driver's license, or a photographic identification card issued by the State?
Yes No
3. Are you over 18 years of age?
Yes No
4. Please review the job description of the job for which you are applying. Are you able, with or without reasonable accommodation, to perform all the essential functions of the job? (A negative response will not automatically disqualify you from being considered for employment.)
Yes No
5. Have you ever been convicted of, pleaded guilty or "no contest" to and/or received deferred adjudication for any crime (whether misdemeanor or felony)? (An affirmative response will not automatically disqualify you from being considered for employment.)
Yes No

If "yes," please explain.

6. If you are applying for a position involving evening or weekend work, are you available to work at those times? (A negative response will not necessarily disqualify you from being considered for employment.)
Yes No
7. Are you willing to work overtime as requested? (A negative response will not necessarily disqualify you from being considered for employment.)
Yes No

APPLICANT'S STATEMENT

READ THIS AGREEMENT THOROUGHLY AND CAREFULLY BEFORE SIGNING

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also understand and agree that any falsified information or significant omissions may disqualify me from further consideration for employment, and if discovered after I am hired, may result in dismissal. I also affirm that I am making this application because I am sincerely interested in being hired by the Employer and not for any other purpose.

I also understand that if employment is offered and accepted, such employment is not for any specified term and can be terminated at any time, with or without cause and with or without notice, by either the Employer or me. I further understand that this application is not, and is not intended to be, a contract of employment and that my at-will employment status cannot be changed except by a written document signed by the Executive Director of the Employer. I further understand that no supervisor, manager, or other employee or representative of the Employer, other than the Executive Director, has the authority to change the at-will nature of my employment and that any oral promises of employment for a definite period or statements that are otherwise contrary to my at-will status are not binding upon the Employer.

In consideration of my being considered for employment, I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and businesses requesting or supplying such information.

I understand that if offered employment, and the Employer has reasonable suspicion that I am under the influence of alcohol while at work, and if it appears that I am having difficulty performing my job safely or effectively due to the suspected use of alcohol, I may be required to submit to alcohol testing as a condition of continued employment. I also understand that drug screen tests may be performed on a reasonable suspicion or post-accident basis during my employment and that my refusal to submit to a drug or alcohol test may result in immediate dismissal.

I understand and agree that if I am hired, I am required to read and abide by all policies and procedures of the Employer governing the conduct of its employees, including the policies which prohibit the use or possession of illegal drugs, alcoholic beverages, firearms, or weapons of any kind in any office, work location, or facility of the Employer.

I understand that, if I am offered employment, I may be required, as a condition of employment, to undergo a physical examination for the purpose of determining whether I am able to perform the essential functions of the job for which I am applying. I hereby authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the essential functions of such job. I understand that refusing to submit to the physical examination may result in my not being considered for employment.

I understand that the Employer is a subscriber under the Texas Workers' Compensation Act.

If offered employment in a position which requires driving while on duty, I understand that being insurable by the Employer's automobile liability insurance carrier, or otherwise having a safe driving record (which includes keeping a valid driver's license); immediately reporting any accidents or traffic violations to the Employer; and satisfaction of Department of Transportation and State driving regulations, if applicable, are conditions of my employment or continued employment. If hired, I understand that should I fail to satisfy any of the above requirements, I may be subject to immediate job termination. I further understand that I may fail to meet these requirements due to traffic violations, regardless of fault, occurring on or off the job, before or during the term of employment.

I agree that, if I am hired, I will not, during the term of my employment, become associated with or engage in any work or business that is directly or indirectly competitive with Employer, or that otherwise conflicts with the best interests of the Employer.

I represent and warrant to Employer that I am free to become employed by the Employer and that I have no obligations to any former employer or otherwise that would prevent me from being hired by the Employer. I further represent and agree that I have not and will not improperly disclose to the Employer any confidential business information, trade secrets, or proprietary information belonging to any former employer or other party ("Confidential Information"). Moreover, I agree that if I am employed by the Employer, I will not improperly disclose Confidential Information to which I gain access by virtue of my employment.

I certify that I am eligible for employment in the United States and that the documents I have furnished, or will furnish, to verify my identity and eligibility are true and correct. I further understand and agree that, if offered employment, I will have three days to submit such documents, and that failure to submit such documents within three days will result in withdrawal of the offer of employment or, if employment has begun, termination from employment.

Signature of Applicant

Date

Note: This application will be retained for active consideration for employment until the position applied for is filled. After the position applied for is filled, you will need to complete a new application if you still wish to be considered for employment in positions that later become open.

FOR OFFICE USE ONLY

Interviewed By/Date	Interviewed By/Date
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EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, national origin, sex, age, disability, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of the Data Record is *optional*. If you choose to volunteer the requested information, please note that all Data Records are kept confidential and are NOT part of your Application for Employment or personnel file.

Again, your participation is voluntary. Inclusion or exclusion of data will not affect any employment decision.

VOLUNTARY SURVEY

Date: _____

Government agencies often require periodic reports on the sex, ethnicity, handicap, veteran status, and other protected classes of applicants. This data is for statistical analysis in regards to the Affirmative Action program.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Position applying:

Check One: Male _____ Female _____

Check One: White _____ Hispanic/Latino _____ Black/African American _____ Asian _____

American Indian/Alaska Native _____ Pacific Islander/Hawaii Native _____ 2 or more races _____

Check if applicable: Vietnam Era Veteran _____ Special Disabled Veteran _____ Other Protected Veterans _____