

## WEST TEXAS OPPORTUNITIES, Inc.

603 North 4<sup>th</sup> Street – P.O. Box 1308

Lamesa, Texas 79331

Phone: 806-872-8354

### Application for Employment Instructions

Thank you for your interest in employment with West Texas Opportunities, Inc. Please fill in all the blanks on the application even if you attach a resume.

Generally, WTO,I will receive a large number of applications for advertised positions. Each one will be carefully screened to determine if the applicant meets the job requirements and has the skills that are needed to fill the position.

Those applicants who are most qualified will be called for interviews. If you are not given an interview, it simply means that there were applicants who had more experience or whose skills more closely met the requirements of the job. You should give this process at least two to three weeks, because we often interview over a period of five to ten days, depending on the interview results, schedules, etc.

If you are called for an interview, you will receive a letter or phone call within two weeks after the interview, informing you of the interview results. If you are not interviewed, you will not receive further notification.

A timely return of the completed application is important. You may return it by mail or personally. Interviews may be held prior to the closing date for receipt of applications; however, a hiring decision will **not** be made until all applications are screened.

All employment applications are kept in our active file for **30 days** or until the position has been filled or the vacancy announcement cancelled. Applications are kept in the inactive file for a period of **one year**. If you are interested in being considered for another position with WTO,I, you should 1) ask that your application be activated if you have completed one within a year or 2) complete a new application if it has been over a year since you applied for a position with WTO,I. It is often to your benefit to complete a new Application if you have gained experience that has enhanced your job skills even if you have an application on file during the previous year.

Again, thank you for considering WTO,I.

Revised 1/12

# West Texas Opportunities, Inc.

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date Available to Begin work: \_\_\_\_\_

Position Applying for: \_\_\_\_\_

What Foreign Languages do you \_\_\_\_\_  
**Speak Read Write**

### Tasks

Are you able to perform the tasks required (with or without accommodations) for the position for which you are applying? YES NO

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_

Are you related to anyone who is presently an employee? YES NO If yes, who? \_\_\_\_\_

Are you related to anyone who is presently serving on the WTO Board or Head Start Policy Council? YES NO If yes, who? \_\_\_\_\_

Are you a parent/guardian of a child currently enrolled in the Head Start program? YES NO

Are you 18 years of age or older? YES NO

Are you 25 years of age or older? (for insurance purposes) YES NO

Do you have a valid Driver's License? YES NO

Do you have any violations on your driving record? YES NO

If yes, explain: \_\_\_\_\_

Have you ever been convicted by any federal, state or local court for violation of any federal, state, county or municipal law? YES NO

If yes, explain: \_\_\_\_\_  
(An affirmative response will not necessarily disqualify you from being considered for employment)

If employment is offered can you submit verification of your legal right to work in the United States? YES NO

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate or obtain a GED? YES NO

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

List any professional licenses or certifications, special certificates, skills, and/or qualifications (CPR, first aid, computer skills, CDL Licenses, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment**

Start with current or most recent employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**References**

Please list the names of two persons not related to you, whom you have known for at least one year.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Notice to Prospective Employees**

**PLEASE READ THE FOLLOWING CAREFULLY, INITIAL EACH PARAGRAPH, THEN SIGN BELOW.**

By my signature and initials placed below, I certify that I have personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment if discovered at a later date. I understand that any job offer will be conditional based on the satisfactory review of my qualifications.

\_\_\_\_\_ INITIALS

If the company makes a conditional job offer, I give permission for a pre-employment drug & alcohol test. I understand that if my drug & alcohol test turns out positive for a prohibited substance, or if I refuse to take the drug & alcohol test, I will not be eligible for hire, or if I am hired pending the outcome of such a test, I will be subject to immediate termination. If I am employed by WTO, I understand and give my permission for any company required drug and alcohol testing throughout my employment with WTO, I and am fully aware that a positive result of any prohibited substance or refusal to take a drug & alcohol test will result in immediate termination.

\_\_\_\_\_ INITIALS

I authorize investigation of all statements contained herein and the references listed above (as well as other sources at management's discretion, including those related to character and credit records) to give you and any and all information concerning my previous employment and any pertinent information they have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

\_\_\_\_\_ INITIALS

I understand that if offered employment, depending upon the position, 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 understand that refusing to submit to the physical examination will result in my not being considered for employment.

\_\_\_\_\_ INITIALS

I understand if employment is offered, West Texas Opportunities, Inc. will utilize an outside firm or firms to assist in checking information to investigate my background.

\_\_\_\_\_ INITIALS

I understand that any job offer may be conditional upon information obtained after the offer is made. I understand that employment with this company is AT WILL. I understand this term, and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and/or salary, be terminated at any time without any prior notice, and with or without explanation. Wages will cease immediately upon termination of employment. I will not rely on any oral or written statements to the contrary unless IN WRITING, and signed by an authorized official of West Texas Opportunities, Inc. I also understand and agree that if I am hired I am required to read and abide by all rules and regulations under West Texas Opportunities, Inc., policies and procedures.

\_\_\_\_\_ INITIALS

**I CERTIFY THAT I HAVE READ AND AGREE TO ALL OF THE ABOVE STATEMENTS.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

IT IS THE POLICY OF WEST TEXAS OPPORTUNITIES, INC. THAT NO PERSON OR GROUP OF PERSONS SHALL BE DISCRIMINATED AGAINST IN EMPLOYMENT ON THE BASIS OF RACE, COLOR, RELIGION, SEX, AGE, GENETICS, NATIONAL ORIGIN, HANDICAP, POLITICAL AFFILIATION OR BELIEF, OR IN ANY MANNER EXCLUDED FROM PARTICIPATION IN OR BE DENIED THE BENEFITS OF ANY PROGRAMS OR ACTIVITY SPONSORED BY THE AGENCY.

**Submit signed application to:**

**West Texas Opportunities, Inc.  
PO Box 1308  
603 North 4<sup>th</sup> Street  
Lamesa, Texas 79331**

## APPLICANT EEO DATA FORM

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application

Last Name		First Name			Middle Name			
Address		City		State	Zip	Phone		
Gender	Birthdate	W - White <input type="checkbox"/>	American Indian/Alaska Native <input type="checkbox"/>	B - Black <input type="checkbox"/>	Hispanic/ Latino <input type="checkbox"/>	Asian America <input type="checkbox"/>	Native Hawaiian/ Pacific Islander <input type="checkbox"/>	Multiracial <input type="checkbox"/>
<input type="checkbox"/> M-Male <input type="checkbox"/> F-Female								
<b>How did you first find out about this job?</b>								
<input type="checkbox"/>	Other Employee							
<input type="checkbox"/>	Newspaper							
<input type="checkbox"/>	Internet (WTO Website)							
<input type="checkbox"/>	Social Media							
<b>I would like to voluntarily report that I am:</b>								
<input type="checkbox"/>	Disabled							
<input type="checkbox"/>	Veteran							

\_\_\_\_\_  
Signature - Applicant

**White (Not of Hispanic Origin)** - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

**Black (Not of Hispanic Origin)** - All persons having origins in any of the Black racial groups of Africa

**Hispanic** - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race

**Asian or Pacific Islander** - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa

**American Indian or Alaskan Native** - All persons having origins in any of the original peoples of North

**WTO,I**  
**EMPLOYMENT APPLICATION SUPPLEMENT**  
**(Transportation Personnel only)**

Applicant Name \_\_\_\_\_ SS# \_\_\_\_\_  
Are you 25 years of age or older? \_\_\_\_\_ Do you have a CDL? \_\_\_\_\_

Have you worked for a DOT-regulated employer during the past two years? \_\_\_\_\_ If you answered yes, please complete the Information Request Consent Form below. If you answered no, do not continue with the form.

**INFORMATION REQUEST CONSENT FORM**

I, \_\_\_\_\_ hereby allow West Texas Opportunities, Inc. to contact  
(Applicant name)  
my former DOT-regulated employer(s), from the past two (2) years, to request the following information in accordance with 49CFR part 40.25.

1. Alcohol test results of 0.04 or higher alcohol concentration. 49CFR part 40.25(b)(1)
2. Verified positive drug tests. 49CFR part 40.25(b)(2)
3. Refusals to be tested (including verified adulterated or substituted drug test results.) 49CFR part 40.25(b)(3)
4. Other violations of DOT agency drug and alcohol testing regulations. 49CFR part 40.25(b)(4)
5. With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee=s successful completion of DOT return-to-duty requirements (including follow-up tests). 49CFR(b)(5)

Please list former employer(s) with contact information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Failure to provide written consent, including former employer(s) information and signature, will result in you being disqualified for a Safety Sensitive Position with West Texas Opportunities, Inc., as per 49 CFR Part 40.25(A).***

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_