



Thank you for your interest in employment with WiNGS. We are committed to recognizing and rewarding our employees, maintaining a work environment that is fun and exciting, and providing opportunities for personal and professional growth. We pride ourselves in establishing mutually beneficial relationships with our employees.

Please complete this application form thoroughly. You may attach an accompanying resume; however, attaching a resume does not substitute for completing this application form thoroughly. Failure to complete this application form thoroughly may result in your disqualification from consideration for employment.

STATEMENT OF PURPOSE

Our purpose is to provide women and their families a path to a better life.
It's not just our Purpose, it's our Promise

Thank you again for your interest in WiNGS.

WiNGS
Human Resources Department
2603 Inwood Road
Dallas, TX 75235
Fax 214.584.2313
Email - jobs@wingsdallas.org
www.wingsdallas.org



SOCIAL SECURITY NO.	APPLICATION DATE
---------------------	------------------

POSITION APPLIED FOR	DATE AVAILABLE FOR WORK
----------------------	-------------------------

REFERRAL SOURCE

- Print Advertisement
 Internet posting
 College Posting
 Job Fair
 Walk -In
 Employee Referral _____
 Other _____

LAST NAME		FIRST NAME		MIDDLE NAME	
STREET ADDRESS		CITY	COUNTY	STATE	ZIP
HOW LONG AT THIS ADDRESS?	PREVIOUS ADDRESS IF LESS THAN ONE YEAR			HOME PHONE NO () -	
ALTERNATE PHONE NO () -	E-MAIL ADDRESS			SALARY REQUESTED (this field is mandatory)	
REASON FOR SEEKING EMPLOYMENT WITH WINGS					

- Are you under 18 years of age? Yes No
 If yes, can you provide required proof of your eligibility to work? Yes No
 Are you legally eligible for employment in this country? Yes No
Proof of U.S. citizenship or immigration status will be required upon employment.
 Have you filed an application with us before? If yes, give date _____ Yes No
 Have you ever been employed with us before? If yes, give dates _____ to _____ Yes No
 Are you related to any current or prior employees? Yes No
 If yes, who? _____
 Are you currently working? Yes No
 If yes, may we contact your present employer?..... Yes No
 Type of employment desired Full-Time Part-Time Temporary Other _____
 Are you able to meet the attendance requirements of the position?..... Yes No
 In the last 10 years, have you been convicted of, pled guilty to, or received deferred adjudication for a felony? Yes No
 In the last 10 years, have you been convicted of, pled guilty to, or received deferred adjudication for a misdemeanor? Yes No
 In the last 10 years, have you been convicted of, pled guilty to, or received deferred adjudication for any crime involving dishonesty, theft or breach of trust?..... Yes No
 In the last 10 years, have you been convicted of, plead guilty to, or received deferred adjudication for any other crimes or offenses? If so, please explain below Yes No
 (Voluntary/Optional) Have you ever had any criminal conviction or criminal record expunged? Yes No
 Have you had a moving traffic violation, such as speeding, failure to wear a seatbelt, etc. or your driver's license suspended/revoked within the past 5 years?..... Yes No

Conviction will not necessarily disqualify an applicant from employment.

If you answered yes to any of the last 6 questions above, please explain.

EMPLOYMENT EXPERIENCE – All fields are required for each employer.

Start with your current or last employer. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Full Name of Employer		Dates Employed (Mo/Year) From To	Worked Performed
Main Office Address		Work Location (City/State)	
City / State / Zip Code		Type of Business	Work Phone No () -
Starting Position	Last Position	Starting Base Salary \$ /	Last Base Salary \$ /
Supervisor Name and Title		Reason For Leaving	

Full Name of Current or Last Employer		Dates Employed (Mo/Year) From To	Worked Performed
Main Office Address		Work Location (City/State)	
City / State / Zip Code		Type of Business	Work Phone No () -
Starting Position	Last Position	Starting Base Salary \$ /	Last Base Salary \$ /
Supervisor Name and Title		Reason For Leaving	

Full Name of Current or Last Employer		Dates Employed (Mo/Year) From To	Worked Performed
Main Office Address		Work Location (City/State)	
City / State / Zip Code		Type of Business	Work Phone No () -
Starting Position	Last Position	Starting Base Salary \$ /	Last Base Salary \$ /
Supervisor Name and Title		Reason For Leaving	

Full Name of Current or Last Employer		Dates Employed (Mo/Year) From To	Worked Performed
Main Office Address		Work Location (City/State)	
City / State / Zip Code		Type of Business	Work Phone No () -
Starting Position	Last Position	Starting Base Salary \$ /	Last Base Salary \$ /
Supervisor Name and Title		Reason For Leaving	

Comments (including explanation of any gaps in employment)

EDUCATION

	School Name and Location	Dates attended From - To	Did You Graduate?	Type of Degree or Diploma
High School				
Business/Trade/ Technical				
College(s)				
College(s)				
Graduate/ Professional				
Other (Specify)				

CERTIFICATIONS

Please indicate below any certifications you currently hold, including the year received and the year the certification expires.

Certification	License/ Certificate #	Date Earned	Expiration Date

Skills and Qualifications - Summarize special job related skills, training, licenses and qualifications acquired from employment or other experience.

Professional, Trade, Business or Civic Associations - Exclude information which would reveal gender, race, religion, national origin, age, ancestry, color, disability or other protected status.

Special Accomplishments, Publications, and Awards - Exclude information, which would reveal gender, race, religion, national origin, age, ancestry, color, disability or other protected status.

LANGUAGE SKILLS

Please indicate below any languages that you can speak, read and/or write.

Language	Speak	Read	Write	Last Used

REFERENCES: List name and telephone number of at least three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	# of Years Known	Occupation	Phone No
			() -
			() -
			() -
			() -

APPLICANT’S STATEMENT AND ACKNOWLEDGEMENT. Please read carefully.

I certify that answers given herein are true and complete to the best of my knowledge.

This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. If so, it will be necessary to complete a new application.

I understand that any false or misleading information, material misrepresentation or omission of fact given in my application or interview(s) may result in cancellation of this application or separation from employment if I have been employed. I further understand that I am required to abide by all rules and regulations of the employer.

It is my understanding that the work to which I may be assigned that is being done or to be done by WiNGS and its association, is largely of a confidential nature. In the event that WiNGS employs me, I agree as a condition precedent to such employment to maintain the confidentiality of any information obtained or which I become aware of prior to, during the course of or following my employment.

I hereby understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with WiNGS is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause and without prior notice. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of WiNGS.

WiNGS is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant’s consideration for employment on a basis prohibited by local, state or federal law.

By signing below, I am acknowledging that I have read, understand and agree with the above statements.

Signature of Applicant

Date

DISCLOSURE NOTICE AND AUTHORIZATION CONCERNING CONSUMER REPORTS/CRIMINAL BACKGROUND CHECKS FOR EMPLOYMENT APPLICANTS AND EMPLOYEES

PLEASE READ THIS DISCLOSURE NOTICE AND AUTHORIZATION FORM CAREFULLY BEFORE SIGNING A COPY OF THIS FORM. YOU WILL BE PROVIDED A COPY UPON TIMELY REQUEST.

- I. In connection with and in consideration of your employment application, or during the course of your employment, Women in Generous Need of Support (WiNGS) (the company) you may request consumer reports or investigative consumer reports. The kinds of consumer reports that may be requested, include, but are not limited to, summaries of educational and employment records, driving records, credit reports, criminal records background checks and court records background checks.
- II. WiNGS recognizes the importance of providing a safe workplace with qualified, reliable, honest and trustworthy employees. Accordingly, WiNGS may perform applicant background checks and employee investigations. These background checks and investigations may be performed by the Company in whole or in part, in the Company's sole discretion.
- III. Background checks and employee investigations may also include the use of consumer reporting agencies to gather and report information to WiNGS in the form of consumer or investigative consumer reports pursuant to federal laws and regulations and applicable state laws. Such reports may contain information concerning your credit standing or worthiness, character, general reputation, personal characteristics, or mode of living. The information contained in these reports may be obtained by a consumer reporting agency from public or private record sources or through personal interviews with your current or former employers, co-workers, neighbors, friends, associates, or other personal acquaintances. Any information contained in such reports may be taken into consideration in evaluating your suitability for employment, promotion, reassignment or retention.
- IV. If the Company requests an investigative consumer report to be performed by a consumer reporting agency, you will receive a notice indicating that the report has been requested no later than three days after the request is made to the agency. You will not receive such additional notice if the investigation is performed by the Company or a person or entity other than a consumer reporting agency.
- V. If any adverse employment decision is made as to your application for employment or subsequent employment with the Company based on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, you will be notified and given a copy of the report, as well as a summary of your applicable rights. If you have ever filed for bankruptcy, no employment decision will be based solely on this information.
- VI. Your consent is required by law before the Company may obtain a consumer report or investigative consumer report from a consumer reporting agency pertaining to your application for employment, and thereafter, during the course of your employment, if any. Your signature below indicates that you have carefully read and understand that the Company may request and review a consumer report or investigative consumer report regarding you, consistent with this notice, both in connection with your application for employment and during the course of your employment, if any. Further, your signature indicates that you consent to the release of such consumer reports or investigative consumer reports to the Company for employment purposes, including any future decisions concerning your employment, promotion, reassignment or retention as an employee of WiNGS. Your signature additionally reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.
- VII. Refusal to consent to a consumer report or investigative consumer report as required by this notice and the Company's policies, or any other attempt to interfere or failure to cooperate with the Company's lawful investigation of an applicant or employee, may result in rejection of an application, withdrawal of an offer of employment or discipline, up to and including termination from employment.

Initial Here:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Authorization Statement – Must be included on all applications

I have carefully read and understand this notice and authorization form. By my signature below, I authorize WiNGS in connection with my application for employment. I further understand that this authorization will apply during the course of my employment with WiNGS, should I obtain such employment, and that such authorization will remain in effect until revoked in a written document signed by me. I further understand that any and all information contained in my job application or otherwise disclosed to WiNGS by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by WiNGS and confirm that all such information is true and correct.

BACKGROUND CHECK INFORMATION FORM (This section must be completed thoroughly in order for your background check to be processed). PLEASE PRINT CLEARLY. You must supply your home address for the last 7 years; include a separate page if necessary.

LAST NAME		FIRST NAME		MIDDLE NAME	
FORMER NAME(S) USED			SOCIAL SECURITY NUMBER - -		DATE OF BIRTH / /
DRIVER'S LICENSE STATE OF ISSUE		DRIVER'S LICENSE NUMBER			EXPIRATION DATE / /
ADDRESS SINCE (date)	STREET ADDRESS				
CITY	COUNTY		STATE	ZIP	
ADDRESS SINCE (date)	STREET ADDRESS				
CITY	COUNTY		STATE	ZIP	
ADDRESS SINCE (date)	STREET ADDRESS				
CITY	COUNTY		STATE	ZIP	
ADDRESS SINCE (date)	STREET ADDRESS				
CITY	COUNTY		STATE	ZIP	

A copy your current driver's license or a valid state identification must be provided in order to complete the background check.

Applicant Signature

Date

To be completed by the Hiring Manager:

Motor Vehicle Report? Yes No

Hiring Manager Signature

Date

APPLICANT/EMPLOYEE REFUSAL OR REVOCATION OF AUTHORIZATION: _____