

Briercroft Office Park #4, Lubbock, TX 79412 Team@HubCityOutreachCenter.org HubCityOutreachCenter.org 806-300-2848

New Hire Application

Application Date		Position Applying For				
Full Name	NamePreferred Name					
Birth Date//		Social Security #				
Address		City	State	Zip		
Home Phone	Cell	Email_				
Employment History: Current Employment:						
Are you currently employed	d Yes No If s	so, where?				
Address of Employer		City	StateZi	p		
What is your position?						
Current Wage	Current v	worked hours				
How long have you worked	at this place?					
May we contact your emplo	oyer? Yes No					
Previous Employment:						
Previous Employer		Phone Number_				
Dates of Employment From	n/ to/_	/ Why did you l	eave this place?			
May we contact this employ	yer? Yes No					
Previous Employer		Phone Number				
Dates of Employment From		/ Why did you l	eave this place?			
May we contact this employ						



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Dates of Employment From/ to/ Why did you leave this place? May we contact this employer? Yes No Have you ever worked here before? If so, please explain previous experience
Have you ever worked here before? If so, please explain previous experience
Do you have any family members that work here or have they ever? Yes No, If yes please explain
Education & Skill Background
School Dates Attended
School Dates Attended
SchoolDates Attended
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What skills do you have that would help or qualify you for this position?
Do you belong to any special groups, clubs, or organizations? If so, please describe them
Have you ever been convicted of a crime? If so, please explain



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Please tell us about your hobbies:						
	you would be good for the Youtl	n Prevention Specialist po	osition?			
References						
Name	Company	Phone	Relationship			
Name	Company	Phone	Relationship			
Name	Company	Phone	Relationship			
Are you willing to	o take a drug test? Yes No					
Are you willing to	submit for a criminal backgroun	d check? Yes No				
Please provide any	y additional information you wou	ld like us to know about y	/ou:			
above position, an Youth Prevention		sition I do agree to follow City Outreach Center my	d that this is not a guarantee the vall policies and procedures for the y permission to check my current,			
Print Name		Date				
Signature		Date				



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FOR ADMIN USE ONLY:	
Projected Interview Date:	
Supervisors Name	Date
HR Rep Name	Date
Additional Panel Interview Staff Name	Position
Additional Panel Interview Staff Name	Position
Additional Panel Interview Staff Name	Position

Additional Comments: