

CHILDREN'S ADVOCACY CENTER FOR DENTON COUNTY (CACDC)
PERSONAL HISTORY STATEMENT (PHS)
(REVISED 08/01/16)

Instructions: These pages must be hand written and returned to Francine Almodovar, Family Advocacy Supervisor, at Children's Advocacy Center for Denton County, 1854 Cain Dr., Lewisville, TX 75077 no later than 4:00 p.m. on Friday, July 20th, 2018.

APPLICANT INFORMATION

DATE: _____
FULL NAME: _____
MAIDEN NAME: _____ OCCUPATION: _____
RESIDENCE ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____
 Name of High School: _____ Diploma/GED Date: _____
 College Degree: _____ Date: _____

REQUIRED DOCUMENTS

The following documents must be submitted with this *Personal History Statement*. You should submit photocopies; these will not be returned to you.

1. Resume, along with 3 personal references (not family members or prior employers);
2. Driver's License;
3. High School Diploma, GED or College Transcript
4. Social Security card;
5. Documentation of any training that relates to the position for which you are applying;
6. CPR Certification

If you cannot submit the required documents, please explain:

EMPLOYMENT RECORD

Beginning with your present or most recent job, list **all** jobs you have had during the last 3 years. Include all part-time, temporary and seasonal positions. You should include any position you have accepted regardless of how long you actually worked or the amount or type of compensation.

Employer: _____ Phone: _____

Mailing address: _____

City/State/Zip: _____

Type of business: _____

Check job description(s): Full-time Part-time Temporary Contract

Starting date: _____ Position: _____

Ending date: _____ Position: _____

Duties/Responsibilities: _____

Supervisor's Name/Title: _____

Are you eligible for rehire? Yes No If no, why not? _____

Reason for leaving or wanting to leave: _____

Would you like to be contacted before we contact your present employer? Yes No

Does your present employer know you are applying for this job? Yes No

Employer: _____ Phone: _____

Mailing address: _____

City/State/Zip: _____

Type of business: _____

Check job description(s): Full-time Part-time Temporary Contract

Starting date: _____ Position: _____

Ending date: _____ Position: _____

Duties/Responsibilities: _____

Supervisor's Name/Title: _____

Are you eligible for rehire? Yes No If no, why not? _____

Reason for leaving or wanting to leave: _____

EMPLOYMENT RECORD, CONTINUED

Employer: _____ Phone: _____
Mailing address: _____
City/State/Zip: _____
Type of business: _____
Check job description(s): ___ Full-time ___ Part-time ___ Temporary ___ Contract
Starting date: _____ Position: _____
Ending date: _____ Position: _____
Duties/Responsibilities: _____

Supervisor's Name/Title: _____
Are you eligible for rehire? ___ Yes ___ No If no, why not? _____

Reason for leaving or wanting to leave: _____

Employer: _____ Phone: _____
Mailing address: _____
City/State/Zip: _____
Type of business: _____
Check job description(s): ___ Full-time ___ Part-time ___ Temporary ___ Contract
Starting date: _____ Position: _____
Ending date: _____ Position: _____
Duties/Responsibilities: _____

Supervisor's Name/Title: _____
Are you eligible for rehire? ___ Yes ___ No If no, why not? _____

Reason for leaving or wanting to leave: _____

PLEASE ATTACH EXTRA PAGES IF NEEDED FOR ADDITIONAL EMPLOYERS.

Indicate work experience you think will specifically qualify you for the position to which you are applying.

OTHER INFORMATION

Special Skills: Describe any special type of training or ability you have that you think would be of value to the Children’s Advocacy Center: _____

Community Activities: Describe community activities that you have participated in: _____

Awards, Commendations or Items of Special Recognition: _____

Volunteer Experience: Describe your own volunteerism, or where you have worked with volunteers: _____

Please attach additional pages if necessary.

I certify there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware an incomplete application, or any misrepresentations, omissions, and/or falsifications will be grounds for immediate rejections of my application, or if hired, termination of my employment.

Signature: _____

Date: _____