



**EL PASO COMMUNITY ACTION PROGRAM
PROJECT BRAVO, INC.**
Office of Human Resources
 2000 Texas Avenue
 El Paso, Texas 79901
 TEL: (915) 562-4100 ext 104 FAX: (915) 562-8952

Application for Employment

Project BRAVO Administration does not discriminate on the basis of race, color, religion, gender, age, national origin, disability, veteran status, or sexual orientation. The application, together with all attachments, will be regarded as the property of Project BRAVO Administration.

Last		First		Middle		Social Security Number		Today's Date (mm/dd/yyyy)		
PRINT NAME										
Street & Number				City		State		Zip		
PRESENT ADDRESS										
CONTACT INFORMATION			DATE AVAILABLE TO START EMPLOYMENT			SEEKING	Full-Time	Part-Time	Temporary	Summer
Home Phone:							[]	[]	[]	[]
Work Phone:							[]	[]	[]	[]
Email Address:							[]	[]	[]	[]

TITLE OF POSITION(S) FOR WHICH YOU WISH TO APPLY		REFERRED BY		MINIMUM ACCEPTABLE SALARY	
IF HIRED, ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? [] Yes [] No					
HAVE YOU EVER BEEN EMPLOYED WITH PROJECT BRAVO? [] Yes Where?		DRIVER'S LICENSE NUMBER [] Operator		(if required for this position) [] Commercial	
ARE YOU RELATED BY KINSHIP OR MARRIAGE TO ANY CURRENT EMPLOYEE OR ANY MEMBER OF THE BOARD OF DIRECTORS AT PROJECT BRAVO? [] Yes If yes, give name and relationship:			ARE YOU AT LEAST 18 YEARS OF AGE? [] Yes [] No		

EDUCATION (Note: Transcripts may be required for verification of education)						
DID YOU GRADUATE FROM HIGH SCHOOL		[] Yes No			If no, check here if you have a GED []	
HIGHER EDUCATION Name of school and address	From Month/Year (mm/yyyy)	To Month/Year (mm/yyyy)	Did you Graduate?	Hours of Credit	Type of Degree	Major

PROFESSIONAL OR TECHNICAL LICENSES, CERTIFICATION, OR REGISTRATION YOU POSSESS:		
Shaded Areas For Office Use Only	Spelling: Date:	Typing: Date:

Email complete application to mhernandez@projectbravo.org

EXPERIENCE – Start with your current or last position. List **all** work experience, including Project BRAVO and military experience. **Be as specific as possible** when listing your major job duties. A resume can be attached, but **will not be accepted** in lieu of a fully completed application. Attach additional sheet, if necessary.

PLEASE INDICATE ANY OTHER NAMES UNDER WHICH YOU WERE EMPLOYED:

NAME OF EMPLOYER		ADDRESS		CITY, STATE	ZIP	TELEPHONE NUMBER
POSITION HELD:				SPECIFIC REASON FOR LEAVING:		
From Month/Year	To Month/Year	LIST SPECIFIC DUTIES:				
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Starting Salary				
<input type="checkbox"/> Temporary <input type="checkbox"/> Summer		Ending Salary				
If part-time, give number of hours worked						
Number of employees supervised		MAY WE CONTACT EMPLOYER <input type="checkbox"/> Yes		NAME AND TITLE OF IMMEDIATE SUPERVISOR		
NAME OF EMPLOYER		ADDRESS		CITY, STATE	ZIP	TELEPHONE NUMBER
POSITION HELD:				SPECIFIC REASON FOR LEAVING:		
From Month/Year	To Month/Year	LIST SPECIFIC DUTIES:				
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Starting Salary				
<input type="checkbox"/> Temporary <input type="checkbox"/> Summer		Ending Salary				
If part-time, give number of hours worked						
Number of employees supervised		MAY WE CONTACT EMPLOYER <input type="checkbox"/> Yes		NAME AND TITLE OF IMMEDIATE SUPERVISOR		
NAME OF EMPLOYER		ADDRESS		CITY, STATE	ZIP	TELEPHONE NUMBER
POSITION HELD:				SPECIFIC REASON FOR LEAVING:		
From Month/Year	To Month/Year	LIST SPECIFIC DUTIES:				
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Starting Salary				
<input type="checkbox"/> Temporary <input type="checkbox"/> Summer		Ending Salary				
If part-time, give number of hours worked						

Number of employees supervised	MAY WE CONTACT EMPLOYER [] Yes	NAME AND TITLE OF IMMEDIATE SUPERVISOR
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EXPERIENCE CONTINUATION SHEET

NAME OF EMPLOYER	ADDRESS	CITY, STATE	ZIP	TELEPHONE NUMBER
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POSITION HELD:	SPECIFIC REASON FOR LEAVING:
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From Month/Year	To Month/Year	LIST SPECIFIC DUTIES:
[] Full-Time [] Part-Time	Starting Salary	
[] Temporary [] Summer	Ending Salary	
If part-time, give number of hours worked		
Number of employees supervised		

MAY WE CONTACT EMPLOYER [] Yes	NAME AND TITLE OF IMMEDIATE SUPERVISOR
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NAME OF EMPLOYER	ADDRESS	CITY, STATE	ZIP	TELEPHONE NUMBER
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POSITION HELD:	SPECIFIC REASON FOR LEAVING:
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From Month/Year	To Month/Year	LIST SPECIFIC DUTIES:
[] Full-Time [] Part-Time	Starting Salary	
[] Temporary [] Summer	Ending Salary	
If part-time, give number of hours worked		
Number of employees supervised		

MAY WE CONTACT EMPLOYER [] Yes	NAME AND TITLE OF IMMEDIATE SUPERVISOR
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NAME OF EMPLOYER	ADDRESS	CITY, STATE	ZIP	TELEPHONE NUMBER
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POSITION HELD:	SPECIFIC REASON FOR LEAVING:
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From Month/Year	To Month/Year	LIST SPECIFIC DUTIES:
[] Full-Time [] Part-Time	Starting Salary	
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If part-time, give number of hours worked		
Number of employees supervised		

MAY WE CONTACT EMPLOYER [] Yes	NAME AND TITLE OF IMMEDIATE SUPERVISOR
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Number of employees supervised	MAY WE CONTACT EMPLOYER [] Yes	NAME AND TITLE OF IMMEDIATE SUPERVISOR
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EXPERIENCE MAY BE CONTINUED ON RESERVE SIDE

SPECIAL ABILITIES, SKILLS OR KNOWLEDGE
 BE SPECIFIC IN LISTING YOUR SPECIAL SKILLS. LIST MACHINES OR OFFICE EQUIPMENT YOU CAN USE SUCH AS CALCULATORS, PRINTING OR GRAPHICS EQUIPMENT, COMPUTER EQUIPMENT, TYPES OF SOFTWARE AND HARDWARE, PROGRAMMING LANGUAGES, ETC.

<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Natural Programming	
<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Graphics Software	
<input type="checkbox"/> Microsoft PowerPoint	<input type="checkbox"/> Desktop Publishing Software	
<input type="checkbox"/> Microsoft Access	<input type="checkbox"/> Database Design	
<input type="checkbox"/> WordPerfect	<input type="checkbox"/> Systems Analysis or Design	
<input type="checkbox"/> IBM/Compatible PC	<input type="checkbox"/> Network installation/administration	
<input type="checkbox"/> Macintosh PC	<input type="checkbox"/> Other	

HAVE YOU EVER BEEN CONVICTED OF PLED GUILTY TO A FELONY?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, answer will not automatically disqualify your from employment. Give dates and details:
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Reference 1		Reference 2		Reference 3	
Name		Name		Name	
Address		Address		Address	
City State		City State		City State	
Telephone		Telephone		Telephone	
Title		Title		Title	
<i>Check Type of Reference</i>		<i>Check Type of Reference</i>		<i>Check Type of Reference</i>	
Professional <input type="checkbox"/>	Personal <input type="checkbox"/>	Professional <input type="checkbox"/>	Personal <input type="checkbox"/>	Professional <input type="checkbox"/>	Personal <input type="checkbox"/>

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

I certify that the statements made by me in connection with this application, whether on this document or not, are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein, including omissions, will void this application and any actions based on it. I authorize Project BrRAVO to check references listed above. I understand that any offer of employment tendered me is contingent upon my agreement to abide by all rules and regulations of Project Bravo.

SIGNATURE OF APPLICANT _____ DATE _____



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Applicant Flow Data Sheet

Federal regulations require that Project BRAVO monitor applicant flow information. The information will not be used for making employment decisions and will not be kept with your Application for Employment. Completion of this form is voluntary.

Print Name:

Social Security Number:

Position Applied For:

RACE/ETHNICITY				SEX	
<input type="checkbox"/>	1	White Non-Hispanic	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<input type="checkbox"/>	2	Black Non-Hispanic	A person having origins in any of the Black racial groups of Africa.	Date of Birth (MM/DD/YYYY)	
<input type="checkbox"/>	3	Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin, regardless of race.		
<input type="checkbox"/>	4	Asian or Pacific Islander	A person 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, Japan, Korea, the Philippine Islands, and Samoa.	HOW DID YOU LEARN ABOUT THIS VACANCY? (Check one only)	
<input type="checkbox"/>	5	American Indian or Alaskan Native	A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.		