



719 Carnoustie Drive
 San Antonio, Texas 78258
 Office (210) 494-1000 Fax (210) 494-4924

DATE: _____

CNSLT: _____

Deacon Recruiting, Inc. is an Equal Opportunity Employer and does not discriminate against qualified applicants or employees on account of race, color, religion, sex, age, national origin or disability. The Company prohibits harassment and discrimination in the workplace.

PERSONAL DATA

Last Name	First	Middle	Maiden	Referred to us by:	Work Phone
Address				Social Security Number	Home Phone
City				State	Zip
Email Address				DOB (MM/DD)	Cellular Phone & Carrier

SOCIAL NETWORKING

Stay informed of Deacon Recruiting's most current updates and opportunities by joining our Online Network!

Your Linked In Profile: _____ Like us on [Facebook](#) and Follow us on [Twitter!](#)

What is your motivation to make a career move?

What is important to you in a new position? (including what you have, and don't have now)

What makes you stand out among your peers? (Accomplishments, specialties, strengths)

How would your peers describe your workplace personality?

What are other various job titles that could describe you?

For Office Use Only: (CN, JO, CL)

- 1.
- 2.
- 3.
- 4.

ALTERNATIVE CONTACT

Alternative Contact Name		Their Employer	Title
Alt. Contact Work Number	Alt. Contact Cell Number	Alternative Contact Relation	

EDUCATION (Highest Level)

Name of School	Degree/# of Yrs.	Yrs. Complete	Total Hrs.	Major	Degree	2 nd Degree	GPA

CURRENT SALARY INFORMATION

What is your current Base?	Bonuses?	Other Incentives?	Next Raise?

EMPLOYMENT HISTORY

THE FOLLOWING SECTION MUST BE COMPLETED. PLEASE LIST MOST RECENT POSITION FIRST.

Most Recent Company		Second Most Recent Company		Third Most Recent Company	
Name of Employer		Name of Employer		Name of Employer	
Title		Title		Title	
How did you get this position?		How did you get this position?		How did you get this position?	
City, State	Type of Business.	City, State	Type of Business	City, State	Type of Business.
Present \$	Starting \$	Present \$	Starting \$	Present \$	Starting \$
Dates of Employment (month & year) From: To:		Dates of Employment (month & year) From: To:		Dates of Employment (month & year) From: To:	
Reason for Leaving:		Reason for Leaving:		Reason for Leaving:	
Resigned w/ notice: <input type="checkbox"/>		Resigned w/ notice: <input type="checkbox"/>		Resigned w/ notice: <input type="checkbox"/>	
Requested to resign: <input type="checkbox"/>		Requested to resign: <input type="checkbox"/>		Requested to resign: <input type="checkbox"/>	
Quit without notice: <input type="checkbox"/>		Quit without notice: <input type="checkbox"/>		Quit without notice: <input type="checkbox"/>	
Terminated: <input type="checkbox"/>		Terminated: <input type="checkbox"/>		Terminated: <input type="checkbox"/>	
Laid Off-How many?: <input type="checkbox"/>		Laid Off-How many?: <input type="checkbox"/>		Laid Off-How many?: <input type="checkbox"/>	
Reason:		Reason:		Reason:	
Direct Supervisor		Direct Supervisor		Direct Supervisor	
Title of Direct Supervisor		Title of Direct Supervisor		Title of Direct Supervisor	
Phone # of Direct Supervisor		Phone # of Direct Supervisor		Phone # of Direct Supervisor	

Please list any companies or placement firms you have seen or are scheduled to see.

Please list any companies where you would like us to present you confidentially.

1. Company:	1. Company:
2. Company:	2. Company:
3. Company:	3. Company:
4. Company:	4. Company:

References from Co Workers

Name:	Company of Co-Worker:	Position Held:	Phone:
Name:	Company of Co-Worker:	Position Held:	Phone:
Name:	Company of Co-Worker:	Position Held:	Phone:

Do you currently hold the professional and/or regulatory certifications (if any) required for the position you are seeking?

Yes No

Has your certification ever been investigated, revoked suspended, denied or subject to discipline by any professional organization or governmental authority?

Yes No

If you answered "Yes", please explain in detail:

Have you ever been terminated from employment or asked to resign by any employer?

Yes No

If you answered "Yes", please provide names, dates and circumstances of each situation.

Have you ever: Pled guilty or received:	Been convicted	<input type="checkbox"/>
	Probation	<input type="checkbox"/>
	Deferred adjudication	<input type="checkbox"/>
	Court ordered community supervision	<input type="checkbox"/>

Or, Pre-trial diversion for any crime (misdemeanor and/or felonies)

Yes No

If "Yes" provide complete information on all misdemeanors and felonies (other than parking tickets), including the date(s), location(s),

Criminal offense(s) and disposition:

I verify that information provided on this application and in resumes/exhibits submitted to the Company is true, correct and complete. I understand that false, misleading, incomplete or omitted information will result in rejection of my application or termination of employment, whenever discovered. I authorize the Company and its agents to confirm all information provided on this application and in resumes/exhibits, and to investigate my character, qualifications, general reputation and suitability for employment. I release the Company and all persons and organizations from any claims, liabilities or damages for obtaining or furnishing information about me. I understand that this application is not a job offer or an employment contract for any specific time period. Any employment with the Company will be for an indefinite time period and I may resign or be released without notice or requirement of cause. If employed, I will comply with all Company policies, rules and procedures.

Signed: _____

Date: _____