

Central Texas Dispute Resolution Center

Application for Mediation Coordinator

It is the policy of the Central Texas Dispute Resolution Center (DRC) to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veterans' status.

Applicant Information

Last Name _____	First Name _____	Middle Name _____
Street Address _____		
City _____	State _____	ZIP _____
Phone _____	Email _____	
Driver's License Number _____	State _____	

Are you a US citizen <input type="checkbox"/> yes <input type="checkbox"/> no.
Authorized to work in the U.S. on an unrestricted basis <input type="checkbox"/> yes <input type="checkbox"/> no

How did you hear of this opening? _____

Employment Availability

When can you start? _____
Can you work full time if needed? <input type="checkbox"/> yes <input type="checkbox"/> no
Are you willing to work occasional evenings? <input type="checkbox"/> yes <input type="checkbox"/> no
Can you fill this position only until a certain date? <input type="checkbox"/> yes <input type="checkbox"/> no. If yes until when _____
Do you need special accommodations to perform the duties as outlined in the job description? <input type="checkbox"/> yes <input type="checkbox"/> no

Education

	School Name and Location	Major	Degree
High School	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

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Military Service

Are you/were you a member of the Armed Services yes no Branch of service _____

years served _____ Rank _____ Other skills that would be an asset for this position: _____

Work/Employment History *(Start with most recent employer)*

(3) Company Name _____

Address _____

Date Started _____ Position _____

Date Ended _____ Position _____

Name of Supervisor/Manager _____

May we contact? yes no Reason for leaving _____

Responsibilities

(2) Company Name _____

Address _____

Date Started _____ Date Ended _____ Position _____

Name of Supervisor/Manager _____

May we contact? yes no Reason for leaving _____

Responsibilities

(1) Company Name _____

Address _____

Date Started _____ Date Ended _____ Position _____

Name of Supervisor/Manager _____

May we contact? yes no Reason for leaving _____

Responsibilities

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Mediation Training & Mediation Experience *(not required for job)*

Forty Hour Basic Mediation Training <i>(must meet or exceed the TMTR training criteria.)</i>		
Name of training Organization _____ Date of training: _____		
Advanced Mediation Training <i>(Type, Dates & Hours)</i>		
Do you hold a Texas Mediator Credentialing Association Status (TMCA)		
<i>(Please list the types and approximate number of mediations you have conducted over the past five years. Also indicate the organizations or panels for which you mediated)</i>		
Type of Mediation	Location or Panel	Approximate # Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____

References *(Minimum of three, please include at least 2 business related references. Attach additional information as necessary)*

(3) Name _____ Relationship _____ Phone _____ Address _____
(2) Name _____ Relationship _____ Phone _____ Address _____
(1) Name _____ Relationship _____ Phone _____ Address _____

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior education, employment and criminal history.

I understand and agree that the DRC may require a drug test and a criminal and financial background check if I am a finalist for the position.

I understand that employment with the Central Texas Dispute Resolution Center (CTDRC) is "at will," which means that either I or CTDRC can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that only the CTDRC Board of Directors has the authority to alter the foregoing.

Signature _____ Date _____