

THE STATE OF TEXAS APPLICATION FOR EMPLOYMENT

For State Agency Use Only
Date received
Time received
Received by

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. The State of Texas is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but each copy must be signed. Resumes will not be accepted in lieu of applications, unless specifically stated in the job vacancy notice. This application becomes public record and is subject to disclosure.

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023 and 559.004.)

NAME									
	(Last)	(First)		(Middle)				(Daytime Pho	ne)
MAILING ADDF	RESS								
	(Street)	(City)		(State)	(Zip)	(Country)		(Work Phon	e, Optional)
E-MAIL ADDRES	SS								
List any other nar	mes used if different f	rom name on thi	s application.						
List exact title o	of position or type o	f work and loca	ation for which	. vou wie	h to	Job Posting	Number (Closing Date	
apply:	or position or type o	i work and loca	ation for writer	i you wis	11 10	Job Fosting	Nullibel (Josing Date	
	gency with which yo	ou wish to	Do you ha relationshi	•	latives w	orking for this	agency? If so	o, list names a	nd
apply:			Telationsiii	ps.					
Full-Time ☐ Part	t-Time 🗌 Summer 🗀	Temp/Project	Date availa	able for wo	ork?	Are	you at least 1	7 years of age?	Yes 🗌 No 🗌
Are you willing to	work hours other tha	n 8-5? Yes 🗌 No	o 🗌	What c	lays are y	ou unable to wo	rk?		
Are you willing to	travel? Yes No		If yes, what	percent o	f time?				
Current Driver's L	icense # (if required	for position)			_		Commercial	Driver's License	Yes 🗌 No 🔲
	(5)	`	State) (Num	,	. "				
Geographic prefe	erence. (Be specific to	city/area. If no	preference, wri	te "statewi	de.")				
•	een convicted of a f	, ,		•		, ,		_ ,	,
	e detail on a separate ot disqualify you, but								
misdemeanors.	or disquality you, but	a laise statemen	t wiii. 140to. 001	ne state a	genoles n	lay require addit		ni related to cor	
EDUCATION (N	NOTE: Applicants ma	y be required to p	provide proof of	diploma,	degree, tr	anscripts, licens	es, certification	ıs, and registrati	ons.)
High School Grad	duate or GED? Yes 🗆	No □ If ves	name and loca	ation of hic	ıh school (or GED institute:	•		
g.i concor Orac		э 🗀 усо,			5011001	o. CLD montato.			
Туре	Name and Lan		Dates Attended		Date	Expected	Sem/Clock	Type	Major/Minor

Type of	Name and Location		Dates A	Attende	ed To	Date Graduated	Expected Graduation	Sem/Clock Hours	Type of Diploma	Major/Minor Fields
School	of School	Mo.	Yr.	Mo.	Yr.		Date	Completed	or Degree	of Study
Undergraduate Colleges or Universities										
Graduate Schools										
Technical or										
Vocational Schools										

AN EQUAL OPPORTUNITY EMPLOYER

	thorization is	required or r	related to the position for which you are applying, complete the	e following:
LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.
Special Training/Skills/Qualifica calculators, printing or graphics eq	tions: List a	Il job-related nputer equip	training or skills you possess and machines or office equipme ment, types of software and hardware. (Attach additional pag	ent you can use, such as e, if necessary.)
Approximately how many words pe	er minute do	you type?		
Sign Language (If required for this	position) Ye	s 🗌 No 🗍	Are you a certified	interpreter? Yes ☐ No ☐
Do you speak a language other the If yes, what language(s) do you sp		(If required fo		r
Do you write in a language other the If yes, which language(s)	•	(If required	•	
Have you ever been employed by				te of Texas? Yes □ No □
If you have been previously emplo				
FORMER FOSTER YOUTH (Verif	ication may t	pe required.)		
Were you a foster youth und If yes, are you currently 25 y			of Family and Protective Services on the day before your 18th Yes \square No \square	birthday? Yes ☐ No ☐
MILITARY SERVICE (A copy of a	report of sep	aration from	the Armed Services may be required.)	
Are you a veteran? Yes ☐ I	No ☐ If ye	es, list type o	f discharge	
Dates of Service (From/To):				
Are you a surviving spouse Are you a surviving orphan			remarried? Yes ☐ No ☐ n active duty? Yes ☐ No ☐	
If yes, complete dates of se (From/To):	rvice for vete	eran		
	mary source		rces or Texas National Guard serving on active duty? Yes 🔲 to a veteran who has a total disability with a rating of at least 70	
			ING STATEMENTS CAREFULLY AND INDICATE YO CEPTANCE BY SIGNING IN THE SPACE PROVIDED	
complete, and I understand hired, termination. 2. I understand that as a cond 3. I understand that the State present either proof of regis 4. I understand that some stat other organizations, for any 5. I authorize any of the perso previous employment, educ covered by this application, information to you.	I that any mistification of emploof Texas required tration or extraction or extraction or extraction or organication, or any and I release	sstatement, I w puires all ma temption fro will check w tory in acco zations refe y other infor	onnection with my application, whether on this document of falsification, or omission of information may be grounds for ill be required to provide legal proof of authorization to wolles who are 18 through 25 and required to register with the magnitude registration upon hire. If the Texas Department of Public Safety, the Federal Burdance with applicable statutes. The record in this application to give you any and all information they might have, personal or otherwise, with regardarties from all liability from any damages which may result	or refusal to hire or, if rk in the U.S. e Selective Service, to reau of Investigation or on concerning my d to any of the subjects
THIS APPLICATION MUST B	SIGN	HERE:	<	
1	SIGN		•	

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Signature – Applicant

Date

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

- 1. <u>Include ALL employment. Begin with your current or last position and work back to your first.</u> Employment history should include **each position** held, even those with the same employer.
- 2. EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.
- 3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you have held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Nan	ne									
	-		Last				First		Middle	
Emplo Mailin City &	g Addre	ess: ZIP:	none No.	:					Immediate Supervisor Name: Title: Supervisor's Telephone No.:	Full-Time Part-Time Summer Temp/Project
Star	ting Da	te	Lea	ving Dat	te	Current/	Technical		\dashv	Give average # of hours worked per
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary	Non-Managerial		If supervisory, number of employees you	week if part-time:
						\$	Supervisory/Managerial		supervised:	
Speci	fic rea	son f	for leavi		specia	i training/skills	yqualitications you nave	; usea II	n the performance of this job:	
Position Emplo	on Title								Immediate Supervisor Name:	Full-Time
	g Addre	ess:							Title:	Part-Time
City &	State/2	ZIP								Temp/Project
Emplo	yer's T	eleph	none No.	:					Supervisor's Telephone No.:	Give average #
Star	ting Da	te	Lea	ving Dat	te	Current/	Technical			of hours worked per
Mo.	Day	Yr	Mo.	Day	Yr.	Final Salary	Non-managerial		If supervisory, number of employees you	week if part-time:
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	n Title:								Immediate Supervisor Name:	Full-Time	
Emplo	yer: g Addres:	٠.							Title:	Part-Time Summer	
City &	State/ZIF	S. D.							Title.	Temp/Project	
	yer's Tele		No.:						Supervisor's Telephone No.:		ш
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Mo.	arting Da	Yr.	Mo.	aving D Day	ate Yr.	Final Salary		╛	If supervisory, number of employees you	of hours worked per week if part-time:	
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Summ	ary of ex	perienc	e includ	ling spe	cial tra				the performance of this job:		
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Specif	ic reaso	n for le									
Opco.											
1			aving:								
			eaving:						Immediate Supervisor Name:	Full-Time	
Positio	n Title:		eaving:						Immediate Supervisor Name:	Full-Time Part-Time	
Position Emplo	n Title:		aving:						Immediate Supervisor Name:	Part-Time Summer	
Position Employ Mailing City &	on Title: yer: g Address State/ZIF	s: o:							Title:	Part-Time Summer	
Position Employ Mailing City &	on Title: yer: g Address	s: o:								Part-Time Summer Temp/Project	
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APPLICANT EEO DATA FORM

For State Agency Use Only:	
Applicant Number:	I

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

1. Job Posting Nur	mber	2. Last Name (Type or Print	:)	First	Middle							
3. Address		City	State	ZIP Code	4. Daytime Phone	5. Work Phone						
6. Sex	7. Birth Date	8. Ethnic Origin										
☐ M -Male ☐ F - Female		■ W-White ■ B-Black ■ H-Hispanic ■ A-Asian ■ I-American Indian or Alaskan Native ■ P-Native Hawaiian or Other Pacific Islander ■ M-Two or More Races										
9. Veteran		10. Surviving Spouse of			11. Orphan of Vetera							
_		remarried	veteran wiie	Tias not		11						
☐ Yes ☐ No		☐ Yes ☐ No			☐ Yes ☐ No							
12. Spouse of a mo	or Texas	13. Spouse and primary so veteran who has a total disa least 70 percent or on indivi	ability with a ra	iting of at	14. Former Texas Fo or younger	ster Youth 25 yrs of age						
National Guard ser active duty	_		addi dilompio	, ability	☐ Yes							
☐ Yes ☐ N	No	Yes No			☐ No							
15. How did you fi	rst find out abo	out this job?										
☐ 01 - Othe	r State Employ	yee ☐ 06 – Newspap	er Nama of N	Newspaper	11 - V	VorkInTexas.com						
□ 02 - Job F	⁼ air	☐ 07 - College/U			☐ 12 - 0	Other (specify):						
□ 03 - Profe	essional Public	ation 08 - Human Re	•	•								
☐ 04 - Recru	uitment Poster	. □ 09 - Radio	3004100/1 010									
□ 05 - Telev	/ision	☐ 10 - Agency W	eb Site - Inte	ernet								
		Y										
						_						
			Si	gnature – App	blicant	Date						
White – a person h	having origins	in any of the original peop	les of Europe	e, the Middle I	East, or North Africa.							
Black – a person h	naving origins	in any of the black racial g	roups of Afri	ca.								
Hispanic – a personace.	on of Cuban, N	Mexican, Puerto Rican, So	uth or Centra	al American, o	or other Spanish culture	e or origin, regardless of						
		in any of the original peop ndia, Japan, Korea, Malay										
		ative – a person having or ains tribal affiliation or con			peoples of North and S	South America (including						
Native Hawaiian o		ic Islander – a person ha	ving origins i	n any of the o	riginal peoples of Haw	aii, Guam, Samoa, or						
Two or More Race	es – a person	who primarily identifies wit	h two or mo	re of the abov	e race/ethnicity catego	ries.						
	AN EQUAL OPPORTUNITY EMPLOYER											