

THE STATE OF TEXAS APPLICATION FOR EMPLOYMENT

For State Agency Use Only

Job Applicant No. _____



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, resumes are not accepted at most state agencies. This application becomes public record and is subject to disclosure.

NAME _____ Social Security No. ____ - ____ - ____
(Last) (First) (Middle)

MAILING ADDRESS _____ AC () _____
(Street) (City) (State) (ZIP) (Country) Home Phone

E-MAIL ADDRESS _____
 List any other names used if different from name on this application. _____ AC () _____
(Work Phone, Optional)

List exact title of position or type of work and location for which you wish to apply:	Job Posting Number	Closing Date
List the state agency with which you wish to apply:	Do you have any relatives working for this agency? If so, list names and relationships:	

Full-Time Part-Time Summer Temp/Project Date available for work? _____

Are you willing to work hours other than 8-5? Yes No

What days are you unable to work? _____

Are you willing to Travel? Yes No If yes, what percent of time? _____

Current Driver's License # (if required for position) _____ Commercial Driver's License Yes No
(State) (Number)

Are you at least 17 years of age? Yes No

Geographic preference. (Be specific to city/area. If no preference, write "statewide.") _____

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? Yes No If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some state agencies may require additional information related to convictions of misdemeanors.

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)
 Indicate Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate from high school or receive GED? Yes No

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

Date Received _____ Time Received _____ Received by _____

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the 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/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

Approximately how many words per minute do you type? _____ (if required for this position)

Sign Language (If required for this position) Yes No Are you a certified interpreter? Yes No

Do you speak a language other than English? (If required for this position) Yes No
 If yes, what language(s) do you speak? _____ How fluently? Fair Good Excellent

Do you write in a language other than English? (If required for this position) Yes No
 If yes, which language(s) _____

Have you ever been employed by the State of Texas? Yes No Are you currently employed by the State of Texas? Yes No

If you have been previously employed by the State of Texas, list the agency/agencies: _____

Have you ever retired from Texas State Government? Yes No If yes, indicate date retired. _____ month _____ year

MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran? Yes No If yes, list type of discharge status _____

Dates of Service (From/To): _____

Are you a surviving spouse of a veteran? Yes No Are you a surviving orphan of a veteran? Yes No

If yes, complete dates of service for veteran (From/To): _____

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

- I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
- I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
- I understand that the State of Texas requires all males who are 18 through 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.
- I understand that some state agencies will check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with applicable statutes.
- I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

THIS APPLICATION MUST BE SIGNED SIGN HERE: _____
 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. Include ALL employment. Begin with your current or last position and work back to your first.
2. Employment history should include **each position** held, even those with the same employer.
3. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
4. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
5. For supervisory/managerial positions, indicate the number of employees you supervised.

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.

Name: _____
Last
First
Middle
Social Security No.

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: AC ()						Immediate Supervisor Name: Title:		Full-Time <input type="checkbox"/>																								
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						Starting Date			Leaving Date				Current/Final Monthly Salary	Technical <input type="checkbox"/>																		
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APPLICANT EEO DATA FORM

The information requested 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 Number	2. Social Security No.	3. Last Name (Type or Print)		First	Middle
4. Address		City	State	ZIP Code	5. Home Phone () ()
6. Work Phone () ()		9. Ethnic Origin (Check mark preferred)			
7. Sex <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female	8. Birth Date	<input type="checkbox"/> W-White <input type="checkbox"/> B-Black <input type="checkbox"/> H-Hispanic <input type="checkbox"/> P-Islander <input type="checkbox"/> Asian/Pac. <input type="checkbox"/> I-Alaskan <input type="checkbox"/> Am.Ind/ <input type="checkbox"/> O-Other			
10. Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Spouse of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Orphan of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. How did you find out about this job?					
<input type="checkbox"/> 01 - Other State Employee	<input type="checkbox"/> 02 - Job Fair	<input type="checkbox"/> 03 - Professional Publication	<input type="checkbox"/> 04 - Recruitment Poster	<input type="checkbox"/> 05 - Television	<input type="checkbox"/> 06 - Newspaper _____ <small style="margin-left: 100px;">Name of Newspaper</small>
		<input type="checkbox"/> 07 - College/University Career Day	<input type="checkbox"/> 08 - Governor's Job Bank	<input type="checkbox"/> 09 - Human Resource/Personnel Office	<input type="checkbox"/> 10 - Radio
				<input type="checkbox"/> 11 - Agency Web Site - Internet	<input type="checkbox"/> 12 - Texas Workforce Comm.
				<input type="checkbox"/> 13 - Other (specify): _____	

X

Signature – Applicant

Date

AN EQUAL OPPORTUNITY EMPLOYER