

## THE STATE OF TEXAS APPLICATION FOR EMPLOYMENT

For State Agency Use On	nly

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.)

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NAME	(Last)	(First)		(1)	fiddle)		So	cial Security N	No	
MAILING ADDR	,	(1 1151)		(IV	iluule)			AC (	1	
MAILING ADDR	(Street)		(City)	(\$	State)	(Zip)	(Country)	AC (	) Hor	me Phone
E-MAIL ADDRESS	S									
List any other nam	nes used if different from r	name on this	application	on				AC (	) (Work Ph	none, Optional)
List exact title of	position or type of wor	rk and locati	ion for w	hich v	ou wis	sh to apply	: Job Post	ing Number	Closing Da	
	, parameter of the second			,						
List the state ag	ency with which you wi	sh to apply:					any relatives lationships:	working for t	his agency? I	f so, list
Full-Time  F	Part-Time  Summer	☐ Temp	/Project			Date av	ailable for wo	·k?		
Are you willing to	work hours other than 8-5	? Yes □	No 🗆	]						
What days are you	u unable to work?									
Are you willing to	Travel? Yes No	] If ye	s, what p	ercent	of time	?				
Current Driver's Li	cense # (if required for po	osition) (State	e)	(Number)	1	(	Commercial	Driver's Licer	nse Yes □	No □
Are you at least 1	7 years of age? Yes ☐	No 🗌								
Geographic prefer	ence. (Be specific to city,	/area. If no p	reference	e, write	statev	wide.")				
If your answer is " court, and the disp	en convicted of a felony o Yes," explain in concise d position of the case(s). A tion related to convictions	etail on a sep conviction ma	arate she ay not dis	eet of p	paper, g	iving the da	ates and natu	Yes No [ re of the offense Note: Some s	— e, the name an	d location of the may require
	OTE: Applicants may be r							nses, certification		
Type of	Name and Location of School		om Yr. M	nded To	Gra	Date aduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
School Undergraduate	01 301001	IVIO.	11. IVI	0. 11.			Date	Completed	or Degree	Or Study
Colleges or Universities										
Craduata										
Graduate Schools										
Technical,										
Vocational, or Business										
Schools										
Date Received		Time P	eceived	<u> </u>			Received	l by		
or Business Schools										
Date Received		Time R	eceived	l _			Received	l by		

## AN EQUAL OPPORTUNITY EMPLOYER

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.						
, , , , , , , , , , , , , , , , , , ,			(Care or other damenty) (City a Care)	License itel						
	<b>Special Training/Skills/Qualifications:</b> 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 vou t	vne?								
Sign Language (If required for this p	_		—— Are you a certified interpreter? Yes ☐ No ☐							
Do you speak a language other than If yes, what language(s) do you spe	n English? (If red ak?	quired for this pos	sition) Yes □ No □ How fluently? Fair □ Good □	Excellent						
Do you write in a language other that If yes, which language(s)										
Have you ever been employed by the	e State of Texas	s? Yes □ No	☐ Are you currently employed by the State of Texas? Yes	s □ No □						
If you have been previously employe	ed by the State o	of Texas, list the	agency/agencies:							
Dates of Service (From/To):	No ☐ If ye	es, list type of dis	charge status	o 🗆						
			TEMENTS CAREFULLY AND INDICATE YOUR CE BY SIGNING IN THE SPACE PROVIDED							
true and complete, and I urefusal to hire or, if hired, to refusal to hire or, if hired, to I understand that as a construction.  3. I understand that the State Service, to present either I understand that some star Investigation or other orgation. I authorize any of the person concerning my previous eregard to any of the subject damages which may result understand that disclosure.	enderstand that termination. dition of employed of Texas required to the proof of registate agencies was anizations, for ons or organism ployment, exist covered by the from furnishing of my Socialize tracking	oyment, I will I uires all males ration or exemwill check with any criminal hatations refered ducation, or ary this applicationg such informal Security Nur	nection with my application, whether on this document ement, falsification, or omission of information may be be required to provide legal proof of authorization to we who are 18 through 25 and required to register with the position from registration upon hire. The Texas Department of Public Safety, the Federal Bhistory in accordance with applicable statutes. Indeed in this application to give you any and all information they might have, personal or othe on, and I release all such parties from all liability from mation to you.  The mation to you which I am application of individuals. This is in accordance for identification of individuals. This is in accordance to the mation to you individuals.	grounds for ork in the he Selective ureau of tion rwise, with any						
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:					Immediate Supervisor Name: Title:	Full-Time Part-Time Summer Temp/Project
Employer's Telephone	No.: AC ( )	I a	I = · · ·		Supervisor's Telephone No.:	Give average #
Starting Date	Leaving Date	Current/ Final Salary	Technical Non-Managerial		AC ( ) If supervisory, number of employees you	of hours worked per week if part-time:
Mo. Day Yr.	Mo. Day Yr.	\$	Supervisory/Managerial	旹	supervised:	week ii part-time.
Specific reason for lo	eaving:					
Position Title: Employer: Mailing Address: City & State/ZIP:	_				Immediate Supervisor Name: Title:	Full-Time
Employer's Telephone	No.: AC (				Supervisor's Telephone No.:	Give average #
Starting Date	Leaving Date	Current/	Technical		AC ( )	of hours worked per
Mo. Day Yr.	Mo. Day Yr.	Final Salary	Non-Managerial Supervisory/Managerial		If supervisory, number of employees you supervised:	week if part-time:
Summary of experience	<u>                                     </u>	Ψ				<u> </u>
Specific reason for lo	eaving:					

Employers   State-70   Full-Time   Summar   Title: Supervisor's Telephone No.: AC ( )   Surfung Date   Leaving Date   Supervisor's Telephone No.: AC ( )   Supe	Mailing Address:   Title:   Summer   Templ/Project   Templ/P	Positio	on Title:								Immediate Supervisor Name:	Full-Time
City & Sate   ZiP   Fundamental   Fundamen	City & Stater(ZIP)   Stater(ZIP)   Supervisor's Telephone No.: AC ( )   Supervisor's Telephone No.: AC ( )   Supervisor's Telephone No.: AC ( )   Give average # of hours worked per week if part-time:   Immediate Supervisor Name:   Full-Time   Part-Time   P	Emplo	yer:								·	Part-Time
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Mailing Address:         Summer         Gummer           City & State/ZIP:         State/ZIP:         Temp/Project         Temp/Project         Temp/Project         Supervisor's Telephone No.:         Supervisor's Telephone No.:         Give average # of hours worked per of hours worked per part-time:           Mo.         Day         Yr.         Mo.         Day         Yr.         Final Salary         Non-managerial         If supervisory, number of employees you supervised:         week if part-time:	Mailing Address:  City & State/ZIP:  Employer's Telephone No.: AC ( )  Starting Date Leaving Date Current/  Mo. Day Yr. Mo. Day Yr. Final Salary  Supervisory/Managerial ☐ If supervisory, number of employees you supervised:  Title:  Summer ☐  Temp/Project ☐  Supervisor's Telephone No.:  AC ( )  of hours worked per week if part-time:										Immediate Supervisor Name:	
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Specific reason for leaving:	Specific reason for leaving:	Opcon			· · · · · · · · · · · · · · · · · ·							

## APPLICANT EEO DATA FORM

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.

Job Posting Number 2. Social Section 2. Soc			ial Sec	curity No.	3.	. Last Name	(Type or Print)	First	Middle
4. Address			City			State	ZIP Code	5. Home Phone	6. Work Phone
								( )	( )
7. Sex	8. Birth	Date	9. Et	hnic Origin (Cl	hec	k mark prefe		1	1
☐ <b>M</b> -Male ☐ <b>F</b> - Female				<b>W</b> -White □ I	<b>B</b> -B	Black 🗌 <b>H</b> -H		sian/Pac. Am.Ind -Islander <b>I</b> -Alas	
10. Veteran	•		•	11. Spouse of	of V	'eteran		12. Orphan of Veters	an
Yes				☐ Yes				Yes	
☐ No				☐ No				☐ No	
13. How did you	find out a	bout this	job?						
□ <b>01</b> - Ot	е	□ 06 - Newspaper □ 11 - WorkInTexas.com							
□ <b>02</b> - Jo	b Fair			☐ <b>07</b> - Colleg	ge/l	University Ca		☐ <b>12</b> - Other (s	pecify):
□ 03 - Pr	ofessional	Publicat	ion	☐ <b>08</b> - Huma	ın F	Resource/Pers	sonnel Office		_
□ <b>04</b> - R€	☐ 04 - Recruitment Poster ☐ 09 - Radio								
□ <b>05</b> - Te	levision			☐ 10 - Agend	су١	Web Site - Int	ernet		
				_X					
						Sig	nature – Appli	cant	Date

White (Not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (Not of Hispanic origin) - All persons having origins in any of the Black racial groups of Africa.

**Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Asian or Pacific Islander** – All persons 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, India, Japan, Korea, the Philippine Islands, and Samoa.

**American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.