



Texas Alcoholic Beverage Commission

Your interest in applying for employment with the Texas Alcoholic Beverage Commission is greatly appreciated.

General Information

You may submit applications for employment with the Texas Alcoholic Beverage Commission in person or by mail to TABC, Human Resources Department, 5806 Mesa Dr., Austin, Texas 78731 or by fax to (512) 206-3419. We regret we cannot accept applications by e-mail at this time.

Application forms and copies of all TABC job postings throughout the state may be viewed or obtained at any TABC office, from our web site at <http://www.tabc.state.tx.us/jobs>, or at local offices of the Texas Workforce Commission (TWC). Job postings provide the posting number, position title, salary, location where the vacancy exists, closing date, job description and minimum qualification requirements.

Application and Instructions for Completion

- Obtain a copy of the Job Vacancy Notice(s) for the posted position(s) for which you wish to apply. Carefully review all information before completing your application.
- Complete a separate application packet for each job posting for which you want to be considered. An application packet includes:
 - Form AP-8 (State of Texas Application for Employment)
 - Form HR-20 (Texas Alcoholic Beverage Commission Supplemental to State of Texas Application for Employment)
 - Form AP-8c (Applicant EEO Data)
 - Any documentation/verification of education (transcripts), licensure, registration, or certification as required for the position. Applications submitted without this documentation, when required, are considered incomplete and will not be processed. NOTE: A degree or course work from a foreign university must be evaluated by an acceptable educational credential evaluator.

Resumes will not be accepted in lieu of an application for employment, however, resumes or addenda should accompany your application to

explain how you meet each individual knowledge, skill, and ability criterion in the minimum qualifications requirement. The addendum sheet should also contain a detailed description of present and previous job duties to determine qualifications with particular attention given to demonstrating prior work experience in the areas outlined in the section of the job posting entitled "GENERAL DUTIES".

- PROOFREAD your application carefully. Before submitting the application, double check dates, posting number, signatures, and insure all required supporting documentation is attached.
- A complete application packet must be submitted to the TABC's Human Resources Department in Austin or to the TABC local office where the vacant position is located no later than the end of business on the closing date. If mailing in your application, make sure you allow sufficient time to meet the closing date.

Screening and Interviews

The Human Resources Department is responsible for screening each application to determine which applicants meet the minimum qualifications. You will not receive a letter acknowledging receipt of your application. If selected for an interview, you will be contacted by the Human Resources Department to schedule an interview. Only those interviewed will be notified of final selection or non-selection.

Equal Employment Opportunity

The Texas Alcoholic Beverage Commission is an equal opportunity employer and does not discriminate on the basis of race, color, religion, gender, national origin, age or disability.

Reasonable Accommodations

Reasonable accommodations will be made for persons with disabilities in both the application process and the interview/selection process in accordance with the Americans with Disabilities Act of 1990, if requested.

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 _____ AC () _____
 List any other names used if different from name on this application. _____ (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. | | | | | |
| 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

FORMER FOSTER YOUTH (Verification may be required.)

Were you a foster youth under the Texas Department of Family and Protective Services on the day before your 18th birthday? Yes No
 If yes, are you currently 25 years of age or younger? Yes No

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: | | Full-Time <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----|-----|-----|-----|-----|---------------------------------------|---|------------------------------------|--------------|--|--|---|-----------|---|-----|-----|-----|-----|-----|---------------------------------------|---|--------|--|--|--|--|--|----|---|-----------------------------|--|---------------------------------|
| | | | | | | Title: | | Part-Time <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">Starting Date</th> <th colspan="3">Leaving Date</th> <th>Current/</th> <th>Technical</th> </tr> <tr> <th>Mo.</th><th>Day</th><th>Yr.</th> <th>Mo.</th><th>Day</th><th>Yr.</th> <th>Final Salary</th> <th>Non-managerial <input type="checkbox"/></th> </tr> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td>\$</td> <td>Supervisory/Managerial <input type="checkbox"/></td> </tr> </table> | | | | | | Starting Date | | | Leaving Date | | | Current/ | Technical | Mo. | Day | Yr. | Mo. | Day | Yr. | Final Salary | Non-managerial <input type="checkbox"/> | | | | | | | \$ | Supervisory/Managerial <input type="checkbox"/> | Supervisor's Telephone No.: | | Summer <input type="checkbox"/> |
| | | | | | | Starting Date | | | Leaving Date | | | Current/ | Technical | | | | | | | | | | | | | | | | | | | |
| Mo. | Day | Yr. | Mo. | Day | Yr. | Final Salary | Non-managerial <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If supervisory, number of employees you supervised: | | | | | | Temp/Project <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Summary of experience: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specific reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: AC () | | | | | | Immediate Supervisor Name: | | Full-Time <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----|-----|-----|-----|-----|---------------------------------------|---|------------------------------------|--------------|--|--|---|-----------|---|-----|-----|-----|-----|-----|---------------------------------------|---|--------|--|--|--|--|--|----|---|-----------------------------|--|---------------------------------|
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| | | | | | | Starting Date | | | Leaving Date | | | Current/ | Technical | | | | | | | | | | | | | | | | | | | |
| Mo. | Day | Yr. | Mo. | Day | Yr. | Final Salary | Non-managerial <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | AC () | | | | | | Give average # of hours worked per week if part-time: | | | | | | | | | | | | | | | | | | | | |
| If supervisory, number of employees you supervised: | | | | | | Temp/Project <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Summary of experience: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specific reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-------------------------------------|-----|-----|--------------|-----|-----|--------------|-----------------------------|--------------------------|---|--------------------------|
| Position Title: | | | | | | | Immediate Supervisor Name: | | Full-Time | <input type="checkbox"/> |
| Employer: | | | | | | | Title: | | Part-Time | <input type="checkbox"/> |
| Mailing Address: | | | | | | | | | Summer | <input type="checkbox"/> |
| City & State/ZIP: | | | | | | | | | Temp/Project | <input type="checkbox"/> |
| Employer's Telephone No.: AC () | | | | | | | Supervisor's Telephone No.: | | Give average # | |
| Starting Date | | | Leaving Date | | | Current/ | Technical | | | |
| Mo. | Day | Yr. | Mo. | Day | Yr. | Final Salary | Non-managerial | <input type="checkbox"/> | | |
| | | | | | | \$ | Supervisory/Managerial | <input type="checkbox"/> | | |
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|-------------------------------------|-----|-----|--------------|-----|-----|--------------|-----------------------------|--------------------------|---|--------------------------|
| Position Title: | | | | | | | Immediate Supervisor Name: | | Full-Time | <input type="checkbox"/> |
| Employer: | | | | | | | Title: | | Part-Time | <input type="checkbox"/> |
| Mailing Address: | | | | | | | | | Summer | <input type="checkbox"/> |
| City & State/ZIP: | | | | | | | | | Temp/Project | <input type="checkbox"/> |
| Employer's Telephone No.: AC () | | | | | | | Supervisor's Telephone No.: | | Give average # | |
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| Mo. | Day | Yr. | Mo. | Day | Yr. | Final Salary | Non-managerial | <input type="checkbox"/> | | |
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|-------------------------------------|-----|-----|--------------|-----|-----|--------------|-----------------------------|--------------------------|---|--------------------------|
| Position Title: | | | | | | | Immediate Supervisor Name: | | Full-Time | <input type="checkbox"/> |
| Employer: | | | | | | | Title: | | Part-Time | <input type="checkbox"/> |
| Mailing Address: | | | | | | | | | Summer | <input type="checkbox"/> |
| City & State/ZIP: | | | | | | | | | Temp/Project | <input type="checkbox"/> |
| Employer's Telephone No.: AC () | | | | | | | Supervisor's Telephone No.: | | Give average # | |
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| | | | | | | | AC () | | If supervisory, number of employees you supervised: | |
| Summary of experience: | | | | | | | | | | |
| Specific reason for leaving: | | | | | | | | | | |

EMPLOYMENT HISTORY CONTINUATION SHEET

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

Name _____
Last Name
First Name
Middle Name
Social Security No.

| | | | | | | | | | | |
|---|-----|-----|--------------|-----|-----|--------------------------|---|--|--|---|
| Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: AC () | | | | | | | Immediate Supervisor Name: Title: Supervisor's Telephone No.: AC () | | Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/> | |
| Starting Date | | | Leaving Date | | | Current/ Final Salary | Technical <input type="checkbox"/> | | AC () | Give average # of hours worked per week if part-time: |
| Mo. | Day | Yr. | Mo. | Day | Yr. | | Non-managerial <input type="checkbox"/> | | | |
| | | | | | | \$ | Supervisory/Managerial <input type="checkbox"/> | | If supervisory, number of employees you supervised: | |
| Summary of experience: | | | | | | | | | | |
| Specific reason for leaving: | | | | | | | | | | |

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|---|-----|-----|--------------|-----|-----|--------------------------|---|--|--|---|
| Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: AC () | | | | | | | Immediate Supervisor Name: Title: Supervisor's Telephone No.: AC () | | Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/> | |
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| Mo. | Day | Yr. | Mo. | Day | Yr. | | Non-managerial <input type="checkbox"/> | | | |
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| | | | | | | | | |
|----------------------------------|-----|--------------|-----|----------|------------------------------------|-----------------------------|---|---|
| Position Title: | | | | | | Immediate Supervisor Name: | | Full-Time <input type="checkbox"/> |
| Employer: | | | | | | Title: | | Part-Time <input type="checkbox"/> |
| Mailing Address: | | | | | | | | Summer <input type="checkbox"/> |
| City & State/ZIP: | | | | | | | | Temp/Project <input type="checkbox"/> |
| Employer's Telephone No.: AC () | | | | | | Supervisor's Telephone No.: | | Give average # of hours worked per week if part-time: |
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Summary of experience:

Specific reason for leaving:

| | | | | | | | | |
|----------------------------------|-----|--------------|-----|----------|------------------------------------|-----------------------------|---|---|
| Position Title: | | | | | | Immediate Supervisor Name: | | Full-Time <input type="checkbox"/> |
| Employer: | | | | | | Title: | | Part-Time <input type="checkbox"/> |
| Mailing Address: | | | | | | | | Summer <input type="checkbox"/> |
| City & State/ZIP: | | | | | | | | Temp/Project <input type="checkbox"/> |
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Summary of experience:

Specific reason for leaving:

| | | | | | | | | |
|----------------------------------|-----|--------------|-----|----------|------------------------------------|-----------------------------|---|---|
| Position Title: | | | | | | Immediate Supervisor Name: | | Full-Time <input type="checkbox"/> |
| Employer: | | | | | | Title: | | Part-Time <input type="checkbox"/> |
| Mailing Address: | | | | | | | | Summer <input type="checkbox"/> |
| City & State/ZIP: | | | | | | | | Temp/Project <input type="checkbox"/> |
| Employer's Telephone No.: AC () | | | | | | Supervisor's Telephone No.: | | Give average # of hours worked per week if part-time: |
| Starting Date | | Leaving Date | | Current/ | Technical <input type="checkbox"/> | AC () | | |
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| | | | | | | \$ | Supervisory/Managerial <input type="checkbox"/> | If supervisory, number of employees you supervised: |

Summary of experience:

Specific reason for leaving:

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 () () | |
| 7. Sex <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female | 8. Birth Date | 9. Ethnic Origin (Check mark preferred) <input type="checkbox"/> W-White <input type="checkbox"/> B-Black <input type="checkbox"/> H-Hispanic <input type="checkbox"/> P-Islander <input type="checkbox"/> I-Alaskan <input type="checkbox"/> O-Other Asian/Pac. Am.Ind/ | | | | | |
| 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"/> 06 - Newspaper _____ <small style="text-align: center;">Name of Newspaper</small> | | <input type="checkbox"/> 11 - Agency Web Site - Internet | | | |
| <input type="checkbox"/> 02 - Job Fair | | <input type="checkbox"/> 07 - College / University Career Day | | <input type="checkbox"/> 12 - Texas Workforce Comm. | | | |
| <input type="checkbox"/> 03 - Professional Publication | | <input type="checkbox"/> 08 - Governor's Job Bank | | <input type="checkbox"/> 13 - Other (specify): _____ | | | |
| <input type="checkbox"/> 04 - Recruitment Poster | | <input type="checkbox"/> 09 - Human Resource / Personnel Office | | _____ | | | |
| <input type="checkbox"/> 05 - Television | | <input type="checkbox"/> 10 - Radio | | _____ | | | |

X

Signature – Applicant

Date

AN EQUAL OPPORTUNITY EMPLOYER



Texas Alcoholic Beverage Commission

Supplemental to State of Texas Application for Employment
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

PRINT IN BLACK INK OR TYPE: Fill out the application form completely; if questions are not applicable, enter "NA".
Do not leave questions blank. Be sure to sign the application when it is completed.

| | |
|---|-------------------------------|
| NAME (Last, First, Middle) | SOCIAL SECURITY NUMBER - - |
| CURRENT ADDRESS (Street and number, or PO Box, City, State, Zip Code) | DAYTIME PHONE NUMBER () - |
| PERMANENT ADDRESS, IF DIFFERENT FROM ABOVE | EVENING PHONE NUMBER () - |

If you are a male between the age of 18 and 25 years, have you registered for selective service? Yes No

If appointed, are you willing and prepared to accept assignment or transfer to any part of the State of Texas where services are required? Yes No

Have you ever been convicted for a Driving While Intoxicated offense? **(A positive response may not disqualify you, but a false statement will).** Yes No

If yes, give date and location: _____

Have you ever had a license or permit to sell alcoholic beverages? Yes No

If yes, give date and location: _____

Have you ever sold alcoholic beverages for yourself or someone else? Yes No

If yes, give date and location: _____

Do you have any relatives selling alcoholic beverages? Yes No

If yes, give date and location: _____

Do you have a financial connection with any person engaged in an alcoholic beverage business? Yes No

If yes, give business name and location: _____

Do you own stocks, bonds or hold any other pecuniary interest in an alcoholic beverage business? Yes No

If yes, give business name and location: _____

APPLICANT'S SIGNATURE: _____ DATE: _____