

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:	•		
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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		Yr.	Mo.	Yr.		Date	Completed	or Degree	of Study
Undergraduate Colleges or Universities										
Graduate Schools										
Technical or										
Vocational Schools										

AN EQUAL OPPORTUNITY EMPLOYER

If a license, certificate, or other au	thorization is	required or r	related to the position for which you are applying, complete th	e following:
LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date	Date	Issued by/Location of issuing authority (State or other authority) (City & State)	
(F.E., K.N., Attorney, C.F.A., etc.)	issued	expires	(State or other authority) (City & State)	License No.
Special Training/Skills/Qualifica	tions: List a	III job-related	training or skills you possess and machines or office equipm ment, types of software and hardware. (Attach additional page	ent you can use, such as
calculators, printing or graphics eq	uipinent, coi	riputer equip	ment, types of sollware and hardware. (Attach additional pat	je, ii necessary.)
Approximately how many words po	er minute do	you type?		
Sign Language (If required for this	position) Ye	s 🗌 No 🗌	Are you a certified	d interpreter? Yes ☐ No ☐
Do you speak a language other the	an English?	(If required fo	·	, – –
If yes, what language(s) do you sp	eak?	(ii roquirou io		ir 🗌 Good 🔲 Excellent 🗌
Do you write in a language other the	nan 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 Sta	ate of Texas? Yes 🗌 No 🗌
If you have been previously emplo	yed by the S	tate of Texas	s, list the agency/agencies:	
FORMER FOSTER YOUTH (Verif	ication may b	oe required.)		
Were you a foster youth und	ler the Texas	Department	of Family and Protective Services on the day before your 18 th	^h birthday? Yes ☐ No ☐
If yes, are you currently 25 y	ears of age	or younger?	Yes No 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 curii ing anaya	of a votoron	who has not	remarked Ven 🗆 Na 🗆	
Are you a surviving spouse Are you a surviving orphan			remarried / Yes ☐ No ☐ on active duty? Yes ☐ No ☐	
If yes, complete dates of se	rvice for vete	eran		
(From/To):				
Are you the spouse of a me	mber of the	US armed for	rces or Texas National Guard serving on active duty? Yes	No 🗆
Are you the spouse and prir unemployability? Yes ☐ No		of income for	r a veteran who has a total disability with a rating of at least 7	0 percent or on individual
. , , –		F FOLLOW	/ING STATEMENTS CAREFULLY AND INDICATE YO	IIR
			CEPTANCE BY SIGNING IN THE SPACE PROVIDE	
I certify that all the information	ion provided	by me in co	onnection with my application, whether on this document o	or not, is true and
			falsification, or omission of information may be grounds for	
2. I understand that as a cond			rill be required to provide legal proof of authorization to wo	
I understand that the State present either proof of regis			les who are 18 through 25 and required to register with th m registration upon hire.	e Selective Service, to
4. I understand that some stat	e agencies	will check w	ith the Texas Department of Public Safety, the Federal Bu	reau of Investigation or
			rdance with applicable statutes. renced in this application to give you any and all informati	on concernina mv
previous employment, educ	ation, or an	y other infor	mation they might have, personal or otherwise, with regar arties from all liability from any damages which may resul	d to any of the subjects
information to you.	anu meleas	se an such p	ariicə irom ali ilability irom any damages which may resul	t nom rumishing such

Signature – Applicant Date (0923) Page 2 of 4

 $_{\text{SIGN HERE: }}X$

THIS APPLICATION MUST BE

SIGNED

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.

Nam	1e										
			Last				First	N	Middle		
Emplo Mailin City &	g Addre State/2	ess: ZIP:	none No.:	:					Immediate Supervisor Name: Title: Supervisor's Telephone No.:	Summer Temp/Project	
Star	Starting Date Leaving Date Current/ Technical								╡	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:				
	لِ					\$	Supervisory/Managerial		supervised:		
			for leavin		Брооц	T training/Stand	rquannoauons you navo	uoeu ii	n the performance of this job:		
	on Title:								Immediate Supervisor Name:	Full-Time	
Emplo Mailin	oyer: ig Addre	ess:							Title:	Part-Time Summer	
City &	State/2	ZIP								Temp/Project	
Emplo	yer's T	eleph	none No.:						Supervisor's Telephone No.:	Give average #	
Star	ting Da	te	Leav	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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Spec	ific rea	son f	for leavii	ng:							

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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	
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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 Number		2. Last Name (Type or Print	t)	First	Middle						
3. Address		City	State	ZIP Code	4. Daytime Phone	5. Work Phone					
6. Sex ☐ M-Male ☐ F- Female	7. Birth Date	8. Ethnic Origin 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 Yes No		10. Surviving Spouse of remarried ☐ Yes ☐ No	Veteran who	o has not	11. Orphan of Veteran ☐ Yes ☐ No						
12. Spouse of a r US armed forces National Guard s active duty	or Texas	13. Spouse and primary so veteran who has a total disaleast 70 percent or on indivi	ability with a ra	ating of at	14. Former Texas For or younger ☐ Yes ☐ No	oster Youth 25 yrs of age					
15. How did you		out this job?									
□ 02 - Job □ 03 - Pro □ 04 - Rec	□ 01 - Other State Employee □ 06 - Newspaper □ 11 - WorkInTexas.com □ 02 - Job Fair □ 07 - College/University Career Day □ 03 - Professional Publication □ 08 - Human Resource/Personnel Office □ 09 - Radio □ 09 - Radio										
				ignature – App		Date					
•		in any of the original peop			East, or North Africa.						
·		in any of the black racial g ⁄/exican, Puerto Rican, So	•		or other Spanish culture	e or origin, regardless of					
		in any of the original peop ndia, Japan, Korea, Malay									
		ative – a person having ori tains tribal affiliation or con			peoples of North and S	South America (including					
Native Hawaiian other Pacific Islar		ïc Islander – a person ha	ving origins	in any of the o	riginal peoples of Haw	aii, Guam, Samoa, or					
Two or More Ra	ces – a person	who primarily identifies wit	th two or mo	re of the abov	e race/ethnicity catego	ories.					
AN EQUAL OPPORTUNITY EMPLOYER											