THE STATE OF TEXAS
APPLICATION FOR EMPLOYMENT

For State Agency Use Only

Date received _____

Time received _____

Received by _____

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. 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 Phone)

MAILING ADDRESS _____ ( ) _____
(Street) (City) (State) (Zip) (Country) (Work Phone, Optional)

E-MAIL ADDRESS _____

List any other names used if different from name on this application. _____

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 at least 17 years of age? Yes ☐ No ☐

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)

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

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes ☐ No ☐ If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and 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.)

High School Graduate or GED? Yes ☐ No ☐ If yes, name and location of high school or GED institute: _____

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

(0725)

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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? _____

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:

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 _____

Dates of Service (From/To): _____

Are you a surviving spouse of a veteran who has not remarried? Yes ☐ No ☐
Are you a surviving orphan of a veteran killed while on active duty? Yes ☐ No ☐

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

Are you the spouse of a member of the US armed forces or Texas National Guard serving on active duty? Yes ☐ No ☐
Are you the spouse and primary source of income for a veteran who has a total disability with a rating of at least 70 percent or on individual unemployability? Yes ☐ No ☐

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

1. 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 may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. 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.
4. I understand that some state agencies will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
5. 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.
6. I certify that I am not employed by and do not have any connection or continuous connections to any governmental entity or political apparatus of a country listed in 15 C.F.R. §791.4.

THIS APPLICATION MUST BE SIGNED SIGN HERE: X

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. 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.

Name _____
Last First Middle

Position Title:
Employer:
Mailing Address:
City & State/ZIP:
Employer's Telephone No.:

Immediate Supervisor Name:
Title:
Supervisor's Telephone No.:

Full-Time ☐
Part-Time ☐
Summer ☐
Temp/Project ☐
Give average # of hours worked per week if part-time:

Starting Date			Leaving Date			Current/ Final Salary	Technical ☐ Non-Managerial ☐ Supervisory/Managerial ☐
Mo.	Day	Yr.	Mo.	Day	Yr.		
						$	

If supervisory, number of employees you supervised:

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

Position Title:
Employer:
Mailing Address:
City & State/ZIP
Employer's Telephone No.:

Immediate Supervisor Name:
Title:
Supervisor's Telephone No.:

Full-Time ☐
Part-Time ☐
Summer ☐
Temp/Project ☐
Give average # of hours worked per week if part-time:

Starting Date			Leaving Date			Current/ Final Salary	Technical ☐ Non-managerial ☐ Supervisory/Managerial ☐
Mo.	Day	Yr	Mo.	Day	Yr.		
						$	

If supervisory, number of employees you supervised:

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.:								Immediate Supervisor Name: Title: Supervisor's Telephone No.:	Full-Time ☐ Part-Time ☐ Summer ☐ Temp/Project ☐ Give average # of hours worked per week if part-time:
Starting Date			Leaving Date			Current/ Final Salary	Technical ☐ Non-managerial ☐ Supervisory/Managerial ☐	If supervisory, number of employees you supervised:	
Mo.	Day	Yr.	Mo.	Day	Yr.				
						$			

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.:								Immediate Supervisor Name: Title: Supervisor's Telephone No.:	Full-Time ☐ Part-Time ☐ Summer ☐ Temp/Project ☐ Give average # of hours worked per week if part-time:
Starting Date			Leaving Date			Current/ Final Salary	Technical ☐ Non-managerial ☐ Supervisory/Managerial ☐	If supervisory, number of employees you supervised:	
Mo.	Day	Yr.	Mo.	Day	Yr.				
						$			

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

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Applicant Number: _____

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.

1. Job Posting Number	**2.** Last Name (Type or Print) 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 Veteran who has not remarried ☐ Yes ☐ No	**11.** Orphan of Veteran ☐ Yes ☐ No
12. Spouse of a member of the US armed forces or Texas National Guard serving on active duty ☐ Yes ☐ No	**13.** Spouse and primary source of income for a veteran who has a total disability with a rating of at least 70 percent or on individual unemployability ☐ Yes ☐ No	**14.** Former Texas Foster Youth 25 yrs of age or younger ☐ Yes ☐ No

15. How did you **first** find out about this job?

☐ **01** - Other State Employee
☐ **02** - Job Fair
☐ **03** - Professional Publication
☐ **04** - Recruitment Poster
☐ **05** - Television
☐ **06** – Newspaper _____ Name of Newspaper
☐ **07** - College/University Career Day
☐ **08** - Human Resource/Personnel Office
☐ **09** – Radio
☐ **10** - Agency Web Site - Internet
☐ **11** - WorkInTexas.com
☐ **12** - Other (specify): _____

X _____ Signature – Applicant _____ Date

White – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black – a person having origins in any of the black racial groups of Africa.

Hispanic – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native – a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Native Hawaiian or Other Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Two or More Races – a person who primarily identifies with two or more of the above race/ethnicity categories.

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