HEART OF TEXAS COUNCIL OF GOVERNMENTS
APPLICATION FOR EMPLOYMENT
An Equal Opportunity/Affirmative Action Employer

If you need assistance in completing the employment application, please inquire at the Personnel Office. If you require reasonable accommodation (e.g., interpreter, TDD, scheduling adjustments) in the application process, please inform the Personnel Office in writing when you submit your application.

PERSONAL DATA

_____
(Last Name) *(First Name)* *(Initial)*

_____
(*Street Address, RFD, or P.O. Box)*

_____
(City) *(State)* *(Zip Code)*

Phone Numbers: (___)_____ Social Security Number:_____
(___)_____ Position(s) Applied For:_____

When would you be available to start work? _____
Check each type of work you will accept: ☐ Full Time ☐ Part time ☐ Temporary
Have you filed an application here before? ☐ Yes ☐ No Date:_____
Have you ever been employed here before? ☐ Yes ☐ No Date:_____
Are you or your spouse related to any Officer or employee of this employer? ☐ Yes ☐ No

Minimum acceptable salary: $_____per_____

EDUCATION AND TRAINING:

	Name and Location of School	Major Field	Degree Received
High School			
College			
Other			

SKILLS: The following space is provided for other information concerning special training, interests, career goals, or any other data you wish to provide.

Word Processing/Computer Experience_____

_____

Other Special Skills or Experience_____

_____

EMPLOYMENT EXPERIENCE: List each position held. Start with your present or most recent assignment and work backward. If you need additional space, please continue on separate sheet(s) of paper. In the column at the right, describe your assignments. Attach additional sheets as necessary. May inquiry be made of your present employer? _____**Yes** _____**No**

Employer:	*Dates:* *From:* *To:*
Address:	*Summary of Job Duties:*
Job Title:	
Name of Supervisor & Phone Number:	
Reason for Leaving:	*Starting Salary:* *Ending Salary:*
Employer:	*Dates:* *From:* *To:*
Address:	*Summary of Job Duties:*
Job Title:	
Name of Supervisor & Phone Number:	
Reason for Leaving:	*Starting Salary:* *Ending Salary:*
Employer:	*Dates:* *From:* *To:*
Address:	*Summary of Job Duties:*
Job Title:	
Name of Supervisor & Phone Number:	
Reason for Leaving:	*Starting Salary:* *Ending Salary:*
Employer:	*Dates:* *From:* *To:*
Address:	*Summary of Job Duties:*
Job Title:	
Name of Supervisor & Phone Number:	
Reason for Leaving:	*Starting Salary:* *Ending Salary:*
Employer:	*Dates:* *From:* *To:*
Address:	*Summary of Job Duties:*
Job Title:	
Name of Supervisor & Phone Number:	
Reason for Leaving:	*Starting Salary:* *Ending Salary:*

ADDITIONAL INFORMATION: By law, you must be authorized to work in the United States in order to be employed by this employer. If you are one of the following, please check this box: ☐

- A citizen or a national of the United States.
- An alien lawfully admitted for permanent residence.
- An alien authorized by the Immigration and Naturalization Service to work **indefinitely** in the United States.

Have you ever been convicted of a felony or other crime or been the subject of a deferred adjudication? **_____Yes** **_____No**

If yes, please explain on reverse side of page. *(You may omit convictions for minor traffic violations unless the position for which you are applying requires the operation of a motor vehicle. Conviction will not result in your automatic disqualification for employment. The seriousness of the crime, the date of conviction, and the relevance of the crime to this position will be considered.)*

If the position for which you are applying requires the operation of a motor vehicle, do you have a current Texas Driver's License?

☐ Yes ☐ No License No._____

REFERENCES: List three persons not related to you who are qualified to describe your capabilities for the position you seek.

Name	Address	Phone	Occupation

I certify that the statements and information contained herein are true, complete, and correct to the best of my knowledge, and I authorize any former employer to release to this employer or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents verifying my identity and eligibility for employment. In addition, I understand that, if selected for an interview, true copies of all degrees, certificates, or licenses listed on this application will be required before an employment decision can be made. A photocopy of this authorization shall be as valid as the original.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, and that intentional misrepresentation on my application or during the interview process will subject me to immediate discharge.

I also understand that only written representations and promises of this employer will be enforceable.

Date: _____ Signature of Applicant: _____

EEO STATISTICAL DATA FORM

Dear Applicant:

Our commitment to a policy of providing equal employment opportunities to all applicants without regard to race, color, disability, religion, age, sex, or national origin requires that certain information on all job applicants be gathered and maintained for statistical purposes only. Completion of this form is voluntary on your part and will not affect your opportunities for employment with us. However, to fulfill our commitment, we would appreciate your supplying the information requested below.

PLEASE NOTE: The information requested on this form will be used for statistical reporting purposes only. It will be separated from your application form and will not be used in any way in evaluating your qualifications for employment, nor will it become a part of your personnel file if you are hired.

INSTRUCTIONS: Please check the box corresponding to the correct response(s) in each of the categories below.

SEX

☐ Male

☐ Female

AGE (in years)

☐ Under 40

☐ 40 and above

RACIAL/ETHNIC GROUP

☐ Caucasian (Not of Hispanic Origin)

☐ Black (Not of Hispanic Origin)

☐ Hispanic

☐ Asian of Pacific Islander

☐ American Indian or Alaskan Native

SOURCE OF INFORMATION ABOUT APPLYING

☐ Posted job announcement

☐ Texas Employment Commission

☐ Current employee

☐ Friend

☐ Professional publication

☐ Newspaper

☐ Just walked in

☐ Other (Specify)