

**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.

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**PERSONAL DATA**

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(Last Name) (First Name) (Initial)

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

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(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 \_\_\_\_\_

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**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

<i>Employer:</i>	<i>Dates:</i>	<i>From:</i>	<i>To:</i>
<i>Address:</i>	<i>Summary of Job Duties:</i>		
<i>Job Title:</i>			
<i>Name of Supervisor &amp; Phone Number:</i>			
<i>Reason for Leaving:</i>	<i>Starting Salary:</i>	<i>Ending Salary:</i>	

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<i>Reason for Leaving:</i>	<i>Starting Salary:</i>	<i>Ending Salary:</i>	


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)