



**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, and resume attached for consideration.** 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)

E-MAIL ADDRESS \_\_\_\_\_

|                                                                                        |                    |
|----------------------------------------------------------------------------------------|--------------------|
| List exact title of position or type of work and location for which you wish to apply: | Job Posting Number |
|----------------------------------------------------------------------------------------|--------------------|

**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.

**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 18<sup>th</sup> 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 rating based on having a service-connected 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**

- 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.
- 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, the Federal Bureau of Investigation or other organizations, 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.
- 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: _____<br>Employer: _____<br>Mailing Address: _____<br>City & State/ZIP: _____<br>Employer's Telephone No.: _____ |  |  |  |  |  |                                          |                                                                                 |  |  |  |  | Immediate Supervisor Name: _____<br><br>Title: _____<br><br>Supervisor's Telephone No.: _____ | Full-Time _____<br>Part-Time _____<br>Summer _____<br>Temp/Project _____<br><br>Give average # of hours worked per week if part-time: _____ |
| Starting Date _____ / Leaving Date _____ /<br>Mo. Day Yr. Mo. Day Yr.                                                            |  |  |  |  |  | Current/<br>Final Salary<br><br>\$ _____ | Technical _____<br><br>Non-Managerial _____<br><br>Supervisory/Managerial _____ |  |  |  |  |                                                                                               |                                                                                                                                             |
|                                                                                                                                  |  |  |  |  |  |                                          |                                                                                 |  |  |  |  |                                                                                               |                                                                                                                                             |

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

### Specific reason for leaving:

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

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

**Specific reason for leaving:**

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

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

**Specific reason for leaving:**

## 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<br><input type="checkbox"/> M-Male<br><input type="checkbox"/> F- Female                                                                              | 7. Birth Date                                                                                                                                                                                                                                                                | 8. Ethnic Origin<br><input type="checkbox"/> W-White <input type="checkbox"/> B-Black <input type="checkbox"/> H-Hispanic <input type="checkbox"/> A-Asian <input type="checkbox"/> I-American Indian or Alaska Native<br><input type="checkbox"/> P-Native Hawaiian or Other Pacific Islander <input type="checkbox"/> M-Two or More Races |       |                                                                                                                           |                  |               |
| 9. Veteran<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                | 10. Surviving Spouse of Veteran who has not remarried<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |       | 11. Orphan of Veteran<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                  |                  |               |
| 12. Spouse of a member of the US armed forces or Texas National Guard serving on active duty<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Spouse and primary source of income for a veteran who has a total disability rating based on having a service-connected disability with a rating of at least 70 percent or on individual unemployability<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                             |       | 14. Former Texas Foster Youth 25 yrs of age or younger<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |                  |               |

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.

**AN EQUAL OPPORTUNITY EMPLOYER**