



APPLICATION FOR EMPLOYMENT

For State Agency Use Only

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 _____ Social Security No. ____ - ____ - ____
(Last) (First) (Middle)

MAILING ADDRESS _____ AC () _____
(Street) (City) (State) (Zip) (Country) Home Phone

E-MAIL ADDRESS _____
List any other names used if different from name on this application. _____ AC () _____
(Work Phone, Optional)

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: 286th Judicial District CSCD/Hockley & Cochran Co. CSCD	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 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)

Are you at least 17 years of age? Yes No

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

Have you ever been arrested or convicted of a crime, Class B Misdemeanor or higher offense, or subjected to a deferred adjudication on a misdemeanor or felony charge? Yes No
If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the 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.)
Indicate Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate from high school or receive GED? Yes No

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

Date Received _____ Time Received _____ Received by _____

AN EQUAL OPPORTUNITY EMPLOYER

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: _____

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 status _____

Dates of Service (From/To): _____

Are you a surviving spouse of a veteran? Yes No Are you a surviving orphan of a veteran? Yes No

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

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 understand that disclosure of my Social Security Number (SSN) is optional. The agency to which I am applying may use the SSN for administrative tracking purposes and for identification of individuals. This is in accordance with the Federal Law U.S.C. 552a Section 7(b).

THIS APPLICATION MUST BE SIGNED

SIGN
HERE:

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.
2. Employment history should include **each position** held, even those with the same employer.
3. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE**
4. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
5. For supervisory/managerial positions, indicate the number of employees you supervised.

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

Social Security No.

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

Summary of experience:

Specific reason for leaving:

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: AC ()						Immediate Supervisor Name: Title: Supervisor's Telephone No.: AC ()		Full-Time <input type="checkbox"/>
								Part-Time <input type="checkbox"/>
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Starting Date			Leaving Date			Current/	Technical	Supervisor's Telephone No.: AC ()	Give average # of hours worked per week if part-time:
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary	Non-managerial <input type="checkbox"/>		
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Specific reason for leaving:

EMPLOYMENT HISTORY

Name: _____

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First

Middle

Social Security No.

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						Supervisor's Telephone No.: AC ()		Summer <input type="checkbox"/>
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Mo.	Day	Yr.	Mo.	Day	Yr.			
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Middle

Social Security No. _____

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Starting Date						Leaving Date		Summer <input type="checkbox"/>	
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Mo. Day Yr. Mo. Day Yr.						Current/ Final Salary		Give average #	
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								Part-Time <input type="checkbox"/>	
Starting Date						Leaving Date		Summer <input type="checkbox"/>	
								Temp/Project <input type="checkbox"/>	
Mo. Day Yr. Mo. Day Yr.						Current/ Final Salary		Give average #	
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						\$		week if part-time:	
								Supervisory/Managerial <input type="checkbox"/>	
								If supervisory, number of employees you supervised:	

Summary of experience:

Specific reason for leaving:

EMPLOYMENT HISTORY

Name: _____

Last

First

Middle

Social Security No. _____

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

Summary of experience:

Specific reason for leaving:

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