

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.)

What is your proficiency using a computer? Professional Advanced Beginner to Intermediate

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) _____

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 Yes No
killed while on active duty?

If yes, complete dates of service for veteran _____

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.

THIS APPLICATION MUST BE SIGNED SIGN HERE:

X

Signature – Applicant

Date

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

Please provide three workplace references with Name, Title, Workplace Name, email and phone number. Professional references only.

Thank you for your interest in this position.