



# APPLICATION FOR EMPLOYMENT CENTRAL TEXAS COUNCIL OF GOVERNMENTS

PO BOX 729 2180 North Main Street Belton, TX 76513 PHONE (254) 770-2200

Fill out application form completely. If questions are not applicable, enter "NA". Do not leave questions blank. Be sure to sign when completed. The Central Texas Council of Governments (CTCOG) 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. Auxiliary aides will be made available, upon request, for persons with disabilities. 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 CTCOG collects about you. You are entitled to receive and review the information upon request. You also have the right to ask CTCOG to correct any information that is determined to be incorrect. (Government Code, sections 552.021, 552.023 and 559.004.)

**Position Desired:**

--

<b>PERSONAL</b>	DATE	NAME (PLEASE PRINT)	MAIDEN NAME				
	Email Address:						
	HOME ADDRESS (NUMBER & Street)		CITY	STATE	ZIP	AREA CODE & TELEPHONE NUMBER	
	PERMANENT ADDRESS (NUMBER & STREET)		CITY	STATE	ZIP	CELL NUMBER	U.S. CITIZEN?
	IN CASE OF ACCIDENT NOTIFY: (NAME)		ADDRESS			AREA CODE & TELEPHONE NUMBER	
<b>EDUCATION</b>	SCHOOLS	SCHOOL NAME & ADDRESS	DATES ATTENDED		DIPLOMA OR DEGREE	AREAS OF SPECIALIZATION	
			FROM	TO			
	HIGH SCHOOL OR GED						
	COLLEGE						
	GRADUATE SCHOOL						
OTHER							
<b>MILITARY</b>	BRANCH OF SERVICE		DATE DISCHARGED	TYPE OF DISCHARGE		FINAL RANK	
	ATTENDANCE REQUIRED AT SUMMER CAMP OR EXTENDED RESERVE DUTY? <div style="text-align: right;">Yes                      No</div>						
	DO YOU HAVE ANY RELATIVES SERVING AS A PUBLIC OFFICIAL IN THE CTCOG REGION? IF YES, NAME AND POSITION.						
<b>CHARACTER REFERENCES</b>	NAME		BUSINESS OR OCCUPATION		ADDRESS		
	NAME		BUSINESS OR OCCUPATION		ADDRESS		

**PLEASE COMPLETE THE FOLLOWING: (Check where applicable)**

Date you are available for work:	Yes	No
Are you willing to work hours other than 8 – 5?		
Are you willing to travel?		
Are you at least 17 years of age?		

<b>Have you ever been convicted of a felony or subject to a deferred adjudication on a felony charge?</b>		Yes		No
If your answer is "Yes", explain in concise detail 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. Some CTCOG agencies may require additional information related to convictions of misdemeanors as well.				

**If a license, certification is required or related to the position for which you are applying, please fill out the following:**

PROFESSIONAL LICENSE OR CERTIFICATION (RN, CPA, SW, etc.)	Date Issued	Date Expires	Issued by and Location of Issuing Agency	License Number

**Special Training/Skills/Qualifications:** Please list all job related training or skills that you possess and machines and office equipment that you can use such as calculators and 10-key, types of computer software and computer hardware.

	Yes	No
Sign Language <i>(if required for the position)</i>		
If yes, are you a certified interpreter?		

	Yes	No	Which language(s)?
Do you speak a language other than English? <i>(If required for the position)</i>			
Do you write a language other than English? <i>(If required for the position)</i>			

**FURNISH INFORMATION BELOW IN SUFFICIENT DETAIL TO ENABLE A DETERMINATION TO BE MADE OF YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING. BEGIN WITH THE MOST RECENT POSITION AND WORK BACK. ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT. USE ADDITIONAL SHEET IF NECESSARY.**

Company Name:	Position Held:	Description of duties:
Address:	Salary:	
	Reason for leaving:	
Phone:		
Name of Supervisor:		
Position of Supervisor:		
Date Started:		
Date Ended:		
Company Name:	Position Held:	Description of duties:
Address:	Salary:	
	Reason for leaving:	
Phone:		
Name of Supervisor:		
Position of Supervisor:		
Date Started:		
Date Ended:		
Company Name:	Position Held:	Description of duties:
Address:	Salary:	
	Reason for leaving:	
Phone:		
Name of Supervisor:		
Position of Supervisor:		
Date Started:		
Date Ended:		

Please read the statements below carefully and indicate your understanding and acceptance by signing in the space provided.

1. I certify that all the information provided by me in connection with this application, whether on this document or not, is true and complete, and I further understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.
3. I understand that the Central Texas Council of Governments requires all males who are 18 through 25 and required to register for Selective Service, ID present either proof of registration or exemption from registration upon hire.
4. I hereby authorize any of the persons or organizations and employers referenced in this application to give to CTCOG any and all information concerning my previous employment, education, and any other information they might have, personal or otherwise, with regard to any of the subjects covered in this application, and I release all such parties from all liability from any damages that may result from furnishing such information to CTCOG.
5. I hereby authorize CTCOG to seek from any referenced persons or organizations and employers any information that is required in connection with this application except for the following: (List in space below. If none, please indicate "none.")
6. I hereby acknowledge that in regard to this application for employment, Public Law 91-508 requires that I be informed of the following. CTCOG may make routine inquiries to provide applicable information about my character, general reputation, personal characteristics, and mode of living. I understand that upon written request, additional information as to the nature and scope of the report concerning these items, if one is made, will be provided.
7. I understand that the disclosure of my Social Security Number (SSN) is optional CTCOG may use the SSN for administrative tracking purposes and for identification of individuals. This is in accordance with Federal Law U.S.C. 552a Section 7 (b).

**THIS APPLICATION MUST BE SIGNED:**

FOR ELECTRONIC SUBMISSIONS: Print and sign this page then scan and email it to the appropriate team member identified in the employment advertisement.

Sign Here:

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

***(CTCOG Use Only)***

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

Date Employed \_\_\_\_\_ Division \_\_\_\_\_