



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:

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PERSONAL	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	AUTHORIZED TO WORK IN THE U.S.?
	IN CASE OF ACCIDENT NOTIFY: (NAME)		ADDRESS			AREA CODE & TELEPHONE NUMBER	
EDUCATION	SCHOOLS	SCHOOL NAME & ADDRESS	DATES ATTENDED		DIPLOMA OR DEGREE	AREAS OF SPECIALIZATION	
			FROM	TO			
	HIGH SCHOOL OR GED						
	COLLEGE						
	GRADUATE SCHOOL						
OTHER							
MILITARY	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.						
CHARACTER REFERENCES	NAME		PHONE NUMBER		BUSINESS OR OCCUPATION		
	NAME		PHONE NUMBER		BUSINESS OR OCCUPATION		

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?		

Have you ever been convicted of a felony or subject to a deferred adjudication on a felony charge?		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.

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 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 that 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:

Applicant Signature

Date

(CTCOG Use Only)

Interviewed By _____ Date _____

Interviewed By _____ Date _____

Interviewed By _____ Date _____

Date Employed _____ Division _____