For State Agency Use Only

Date received _____

Time received _____

Received by _____

Job Applicant No. _____

THE STATE OF TEXAS
APPLICATION FOR EMPLOYMENT

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 18th 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

1. 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.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. 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.
4. 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.
5. 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.
6. 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

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 ☐ **M**-Male ☐ **F**- Female	**7.** Birth Date	**8.** Ethnic Origin ☐ **W**-White ☐ **B**-Black ☐ **H**-Hispanic ☐ **A**-Asian ☐ **I–**American Indian or Alaska Native ☐ **P**-Native Hawaiian or Other Pacific Islander ☐ **M**-Two or More Races

9. Veteran ☐ Yes ☐ No	**10.** Surviving Spouse of Veteran who has not remarried ☐ Yes ☐ No	**11.** Orphan of Veteran ☐ Yes ☐ No
12. Spouse of a member of the US armed forces or Texas National Guard serving on active duty ☐ Yes ☐ 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 ☐ Yes ☐ No	**14.** Former Texas Foster Youth 25 yrs of age or younger ☐ Yes ☐ 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