

# INSTRUCTIONS FOR COMPLETING THE STATE OF TEXAS APPLICATION FOR EMPLOYMENT



Employment rules are different at each state agency. Contact each agency individually to learn its rules. rules.

- **These instructions must be followed exactly.**

- PRINT IN **BLACK** INK OR TYPE.
- Fill out application form completely.
- If questions are not applicable, enter "NA".
- **Do not leave questions blank.**
- Be sure to **sign** and date when completed.

**An application is needed for each position applied for.**

You may make copies of this application and enter different position titles, **but each copy must have an original signature and the correct job posting number.**

**Resumes are not accepted in place of applications.**

Unless specifically stated in the job posting, resumes are not accepted at most state agencies.

**Review the job posting before starting on your application.**

**Include ALL employment.**

Begin with your current or last position and work back to your first.

Employment history should be included for **each position** held, even those with the same employer. List each position separately and indicate **duties** and complete **dates** for each position held.

**Summaries of experience should clearly describe your work experience/duties that meets each qualification listed in the job posting.**

Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.

**If you need additional space** to adequately describe your employment history, you may use an employment history continuation sheet or attach a typed employment history providing the same information in the same format as the application form.

**Copies of college transcripts, certifications and/or licenses must be attached** to the application, if specified in the job posting.

Applications which do not include required attachments will not be considered.

**Be careful to note** any education, certificates, licenses, training or specific experience required for individual positions.

Applications should normally be tailored to each specific job posting so that the applicant can emphasize work experience most relevant to that position.

The information included in the **employment history section** of the application will be the official record of your employment experience. **It must accurately reflect all significant duties performed.**

Screening for work experience is based on the information listed in the employment history section.

**Applicants must demonstrate in the application how they meet the minimum education and experience requirements as stated in the job posting.** No assumptions will be made.

Be specific and detailed when providing information in the employment history section.

***Failure to list specific examples of work duties in all areas of qualifications, knowledge, skills and abilities listed in the job posting may result in the applicant being considered unqualified and/or not being granted an interview.***

Look carefully at the **closing date** in the job posting.

**Make sure the application and all necessary attachments arrive at the appropriate agency by the closing date to ensure consideration.**

State of Texas vacancies are listed with the **Texas Workforce Commission (TWC)**. Also, state agencies have employment information available at various office locations.

Check the government pages in your **phone book** to locate twc or state agency offices near you.

**Look for us online.** Many state agencies list job postings online. For a listing of state agencies and links to their web sites see:

[https://wit.twc.state.tx.us/WORKINTEXAS/wtx?pageid=GOV\\_JOB\\_BANK](https://wit.twc.state.tx.us/WORKINTEXAS/wtx?pageid=GOV_JOB_BANK)

The State of Texas is an **equal opportunity employer** and does not discriminate on the basis of race, color, religion, gender, national origin, age or disability.

In compliance with the **Americans with Disabilities Act**, the State of Texas will provide during the employment process any necessary **reasonable accommodation** needed as a result of a disability.

If assistance is needed, please contact the Human Resources office at each state agency (or the contact listed in the job posting) as soon in the employment process as possible so that appropriate measures can be taken to meet your needs.

- **Veterans** preferences are granted as required by law.

Submitted applications become public record and are **subject to disclosure**.

# THE STATE OF TEXAS

## APPLICATION FOR EMPLOYMENT

For State Agency Use Only 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:	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 convicted of a felony or subjected to a deferred adjudication on a 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	Semi/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**

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 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: \_\_\_\_\_      Date \_\_\_\_\_  
 Signature – Applicant



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

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 Part-Time Summer Temp/Project
Starting Date			Leaving Date			Current/ Final Salary	Technical	If supervisory, number of employees you supervised:	Give average # of hours worked per week if part-time:
Mo.	Day	Yr.	Mo.	Day	Yr.				
						\$	Supervisory/Managerial		

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 Part-Time Summer Temp/Project
Starting Date			Leaving Date			Current/ Final Salary	Technical	If supervisory, number of employees you supervised:	Give average # of hours worked per week if part-time:
Mo.	Day	Yr.	Mo.	Day	Yr.				
						\$	Supervisory/Managerial		

Summary of experience:

Specific reason for leaving:

## 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. Social Security No.	3. Last Name (Type or Print)				First	Middle
4. Address		City	State	ZIP Code	5. Home Phone ( )	6. Work Phone ( )	
7. Sex <b>M</b> -Male <b>F</b> -Female	8. Birth Date	9. Ethnic Origin (Check mark preferred)					
		<b>W</b> -White		<b>B</b> -Black	<b>H</b> -Hispanic	<b>P</b> -Islander	Asian/Pac. Am.Ind/ <b>I</b> -Alaskan <b>O</b> -Other
10. Veteran Yes No		11. Spouse of Veteran Yes No			12. Orphan of Veteran Yes No		
13. How did you find out about this job?							
01 - Other State Employee		06 - Newspaper		Name of Newspaper _____		11 - WorkInTexas.com	
02 - Job Fair		07 - College/University Career Day		12 - Other (specify): _____			
03 - Professional Publication		08 - Human Resource/Personnel Office _____					
04 - Recruitment Poster		09 - Radio					
05 - Television		10 - Agency Web Site - Internet					

X

\_\_\_\_\_  
Signature – Applicant

\_\_\_\_\_  
Date

**White (Not of Hispanic origin)** – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black (Not of Hispanic origin)** – All persons having origins in any of the Black racial groups of Africa.

**Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Asian or Pacific Islander** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

**American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**AN EQUAL OPPORTUNITY EMPLOYER**