

NORTEX REGIONAL PLANNING COMMISSION APPLICATION FOR EMPLOYMENT

(An Equal Opportunity/Affirmative Action Employer)

Answer each question fully and accurately. Application will not be considered unless all questions are answered.

(Last Name)	(First Name)	(Middle Name)	(Suffix)
(Street Address)			
(City, State, and Zip)			

Position Applied For: _____ Date of Application: _____

Home Phone: _____ Minimum Acceptable Yearly Salary: _____

Cell Phone: _____ When Can You Start: _____

Do you have a valid driver's license?
(Attach a photocopy of your license to this application) YES NO State & License #: _____

Have you ever applied here before? YES NO If YES, when: _____

Were you ever employed here before? YES NO If YES, when: _____

Have you ever been convicted of a law violation (include pleas of "GUILTY" or "NO CONTEST" and exclude minor traffic violations.) YES NO

If yes, give details: _____

Names and Locations of Schools	Dates Attended (From) (To)	Major Field	Degree Received

What skills or additional training do you have that relate to the job for which you are applying? _____

What machines or equipment can you operate that relate to the job for which you are applying? _____

EMPLOYMENT EXPERIENCE: List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Note: A job offer may be contingent upon acceptable references from current and former**

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR) FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR) FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR) FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR) FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING

MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER? YES NO NOT EMPLOYED

Give three (3) references, not relatives or former employers:

NAME	ADDRESS	PHONE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understood, and by my signature consent to these statements.

Signature: _____ **Date:** _____

NORTEX REGIONAL PLANNING COMMISSION

EQUAL EMPLOYMENT OPPORTUNITY STATISTICAL DATA FORM

TO ALL APPLICANTS:

Our commitment to a policy of providing equal employment opportunities to all applicants without regard to race, color, disability, religion, age, sex, national origin, political affiliation or belief, or any other non-merit factor requires that certain information on all job applicants be gathered and maintained for statistical purposes only. Completion of this form is voluntary on your part and will not affect your opportunities for employment with us. However, to fulfill our commitments, we would appreciate your supplying the information requested below.

PLEASE NOTE: *The information requested on this form will be used for statistical reporting purposes only. It will be separated from your application form and will not be used in any way in evaluating your qualifications for employment, nor will it become a part of your personnel file if you are hired*

INSTRUCTIONS: Check the box corresponding to the correct response(s) in each of the categories below

SEX

MALE []
FEMALE []

AGE

UNDER 40 []
40 AND ABOVE []

RACIAL/ETHNIC GROUP

CAUCASION - Not of Hispanic Origin []
BLACK - Not of Hispanic Origin []
HISPANIC
ASIAN OR PACIFIC ISLANDER []
AMERICAN INDIAN ALASKAN NATIVE []

SOURCE OF INFORMATION ABOUT APPLYING

Posted Job Announcement []
Nortex Website []
Texas Workforce Commission []
Current Employee []
Friend []
Professional Publication []
Job Search Website []
Newspaper []
Walked in []
Other (specify) _____

DISABILITY

Do you acknowledge a disability? YES [] NO []

VETERAN

Disabled Veteran (entitled to VA Disability compensation or discharged from active duty for a disability). []
Vietnam Era Veteran (served in military service anytime between August 5, 1964 and May 7, 1975 []