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Date Received _____ Time Received _____ Received By _____

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 can you type? _____ (If required for position)

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 Workforce Solutions-Alamo? 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 shall 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 Workforce Solutions-Alamo 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 Workforce Solutions-Alamo may check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation 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.

This application must be signed Sign Here: _____
Signature – Applicant Date

Employment History

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Indicate ALL employment. Begin with your current or last position and work back to your first.
2. Employment history should include each position held, even those with the same employer.
3. **Employer addresses must be complete mailing addresses, including zip code.**
4. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you held.
5. For supervisory/managerial positions, indicate the number of employees supervised.

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

Name: _____
Last
First
Middle
Social Security No.

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

Summary of Experience:

Specific reason for leaving:

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

Summary of Experience:

Specific reason for leaving:

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

Summary of Experience:

Specific reason for leaving:

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

Summary of Experience:

Specific reason for leaving:

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

Summary of Experience:

Specific reason for leaving:

Applicant EEO Data Form

The information requested 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 <input type="checkbox"/> M – Male <input type="checkbox"/> F – Female	8. Birth date	9. Ethnic Origin (Check mark preferred) <input type="checkbox"/> W-White <input type="checkbox"/> B-Black <input type="checkbox"/> H-Hispanic <input type="checkbox"/> P-Asian/Pacific Islander <input type="checkbox"/> I-Am. Indian/Alaskan <input type="checkbox"/> O-Other				
10. Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Spouse of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Orphan of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. How did you find out about this job?						
<input type="checkbox"/> 01 – Other State Employee		<input type="checkbox"/> 06 – Newspaper _____ <small style="margin-left: 40px;">Name of Newspaper</small>		<input type="checkbox"/> 11 – Agency Web Site – Internet		
<input type="checkbox"/> 02 – Job Fair		<input type="checkbox"/> 07 – College/University Career Day		<input type="checkbox"/> 12 – Texas Workforce Comm.		
<input type="checkbox"/> 03 – Professional Publication		<input type="checkbox"/> 08 – Governor's Job Bank		<input type="checkbox"/> 13 – Other (specify): _____		
<input type="checkbox"/> 04 – Recruitment Poster		<input type="checkbox"/> 09 – Human Resource/Personnel Office				
<input type="checkbox"/> 05 – Television		<input type="checkbox"/> 10 – Radio				

Signature – Applicant

Date