

Date available to for work..... _____

What is your desired salary range _____ to _____

Type of employment desired (check one)

Full Time Part Time Temporary Seasonal Other

Will you relocate if the job requires it? _____

Will you travel if job requires it?..... _____

Are you able to meet the attendance requirements of the position _____

Will you work overtime if required? _____

If no, please explain _____

Have you ever been bonded? _____

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? _____

If yes, please provide date(s) and details _____

Answering YES to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number if driving is an essential job function: _____ State _____

Voluntary Information

Completion of information below is voluntary

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which apply, we invite you to complete this applicant data survey. Providing this information is strictly voluntary. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for _____ Date: _____

Referral Source (Circle one)

Walk-in Government Employment Agency Private Employment Agency

Employee Relative School Other

Name of person who referred you (if applicable) _____

Applicant Information

Name: _____ Telephone: _____
 Last First Middle

Address: _____
 Street/ P.O. Box City State Zip Code

Please Check of one the following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic Origin) Black (not of Hispanic origin) Hispanic
 American Indian / Alaskan Native Asian / Pacific Islander Multiracial
(this identification group is recognized only in the state of Michigan)

For Administrative Use Only

Position(s) applied for: Available Not Available

Other positions considered for _____

Hired: Yes No

Position Hired for: _____ Date of Hire _____

From the EEO job classifications listed below, which one best described the position filled?

- Officials and Managers Sales Workers Operatives (semi-Skill)
 Professionals Office and Clerical Workers Laborers (unskilled)
 Technicians Craft Workers (skilled) Service Workers

Notes:

Completed by: _____ Position: _____

- A.) List three (3) schools attended, starting with most recent. B.) List Number of years completed. C.) Indicate degree or certificate earned, if any. D.) Grade Point Average of Class Rank. E.) Major Field of study. F.) Minor field of study (if applicable)

A.) School	B. # of years comp.	C.) Degree or Cert.	D.) GPA or Class Rank	E.) Major	F.) Minor

References

List name and telephone number of three business/work references who are NOT related to you and are not previous supervisors. If not applicable, list three school or personal references who are NOT related to you.

NAME	TELEPHONE	# OF YEARS KNOWN

Additional Information

List professional, trade, business or civic associations and any offices held. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental/physical disabilities, veteran/reserve/national guard or any other similarly protected status.

List any additional information you would like us to consider.

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Name of Employer

Telephone #

Address

Starting Job Title

Reason for Leaving

Start: \$ _____ Final: \$ _____
Hourly Rate

_____ to _____
Dates of Employment

Summarize the types of duties performed and job responsibilities: _____

May we contact for reference? Yes No Later

Name of Employer

Telephone #

Address

Starting Job Title

Reason for Leaving

Start: \$ _____ Final: \$ _____
Hourly Rate

_____ to _____
Dates of Employment

Summarize the types of duties performed and job responsibilities: _____

May we contact for reference? Yes No Later

Comments: _____

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's services, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date: _____

Out-of-State Residency Verification Form

Texas Administrative Code (TAC) Section 341.22(2) requires that an out-of-state criminal history records check and sex offender registration records be made if the individual resided in one of eleven (11) states and the District of Columbia which do not contribute to the National Crime Information Center (NCIC) database. In order to comply with the requirements of the TAC, it is necessary that individuals being employed by the juvenile probation department or being submitted for recertification and recertification furnish a list of states of residence for the past ten (10) years. The applicant, officer or candidate for certification must furnish the information contained on this form so that an out-of-state records check can be performed.

Please list all states other than Texas where you have resided for the past ten (10) years. If Texas has been the sole place of residency, indicate by placing an X in the box provided.

Full Name	Previous Name at Time of Residence (if applicable)	Date of Birth	Place X in box if Texas was sole place of residency for past 10 years.	Out-of-State City of Residence	State of Residence	Dates of Residency

Have you been arrested or convicted for an offense committed in a state outside of Texas during the past 10 years? If so, what state and offense?

List all that apply: _____

I, _____, verify that the information provided above is true and correct.

Signature

Typewritten Name

Date