

EAST TEXAS COUNCIL OF GOVERNMENTS
3800 Stone Road
Kilgore, TX 75662
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. East Texas Council of Governments 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 have an original signature. Resumes will not be accepted in lieu of applications. This application becomes public record and is subject to disclosure.

NAME _____ SOCIAL SECURITY NO. _____
(Last) (First) (Middle)

MAILING ADDRESS _____ AC (_____) _____
(Street) (City) (State) (Zip) (Daytime Phone)

List any other names used if different from name given on this application _____

List exact title of position or type of work for which you wish to apply:	Job Posting No. (if applicable)
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Full-Time Part-Time Summer Temp/Project Date Available for work _____

Are you willing to work hours other than 8-5? Yes No Are you willing to work days other than Monday-Friday? Yes No

Are you willing to travel? Yes No If yes, what percent of the time? _____

Driver's License _____ Class A Class B Class C Class M
(State) (Number) Class A Commercial Class B Commercial
Class C Commercial Class M Commercial

Are you at least 17 years of age? Yes No

Geographic Preference _____

Have you ever been arrested, charged with a crime, or convicted of a felony, misdemeanor or received deferred adjudication? Yes No If your answer is "Yes", explain in concise detail on a separate sheet of paper, giving the dates and nature of the arrest or offense, the city, county and state where the arrest, charge, or offense occurred, the name and location of the court, if any, and the disposition of the case. An arrest, charge, or conviction may not disqualify you, but a false statement will.

Has your employment ever been terminated involuntarily? Yes No If your answer is "Yes", explain the circumstances of the termination. _____

EDUCATION (Note: Applicants will be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.)

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate/achieve GED? Yes No

Type of School	Name and Location of School	Sem/Clock Hours Completed	Graduated		Expected Graduation Date	Type of Diploma or Degree	Major/Minor Field of Study
			Yes	No			
Undergraduate College or Universities							
Graduate Schools							
Technical, Vocational, or Business Schools							

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	Issued by (State or other Authority)	License No.	Location of Issuing Authority (city & state)

Special Skills/Qualifications: List all special 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, etc. _____

Approximate Words Per Minute in Typing _____ (if required for this position)

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 or preferred for this position) Yes No

If yes, what language(s) do you speak? _____ How fluently? Fair Good Excellent

If you have been previously employed by the East Texas Council of Governments, or any of its member governments, list the agency/agencies _____

Do you have any relatives working for the East Texas Council of Governments? Yes No If yes, list the names and relationships.

(Pursuant to ETCOG Personnel Policies, no person may be hired or otherwise compensated who is related to any member of the Executive Committee, Board of Directors, Workforce Development Board, CEO Board of Directors, East Texas Regional Development Company, East Texas Regional Review Company, ETCOG Advisory Committees, the Executive Director of ETCOG or to any employee of ETCOG. Relative shall mean wife, husband, son, daughter, mother, father, brother, brother-in-law, sister, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, uncle, aunt, niece, nephew, stepparent, stepchild, grandparent, grandchild, or cousin)

MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required).

Dates of Service (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 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 the East Texas Council of Governments will conduct a criminal history background check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation in accordance with applicable statutes.
4. 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.
5. It is understood that the use of this form does not indicate that there are any position openings and does not in any way obligate the East Texas Council of Governments. I understand and agree that, if hired, the employment relationship between myself and the East Texas Council of Governments, shall be terminable at the will and option of either party and that no promises, guarantees, obligations or contracts of employment, either expressed or implied, have been offered me in connection with or are created by this application for employment or by any subsequent employment. I further understand that no guarantees of employment, either expressed or implied, by any representative of the East Texas Council of Governments other than the Executive Director are valid.

Applicant's Signature	Date
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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. Include ALL employment. Begin with your current or last position and work back to your first position.
2. Employment history should include each position held, even those with the same employer.
3. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
4. For supervisory/managerial positions, indicate the number of employees you 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 Name
First Name
Middle Name
Social Security No.

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

Summary of experience:

Specific reason for leaving

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

Summary of experience:

Specific reason for leaving

PERSONAL REFERENCES

Please list three (3) personal references, including name, address, and telephone number:

PROFESSIONAL REFERENCES

Please list three (3) or four (4) professional references, including name of Personnel Manager or Supervisor, company name, address, and telephone:
