



**Texas Legislative Council
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. 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. **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 _____ (Last) (First) (Middle) () (Daytime Phone)

MAILING ADDRESS _____ (Street) (City) (State) (Zip)

EMAIL ADDRESS _____

List the exact title of the position for which you wish to apply: _____
Provide the job posting number for which you wish to apply: _____

Full-Time Part-Time Summer Temp/Project

Are you willing to work hours other than 8:00 a.m. - 5:00 p.m.? Yes No

What date are you available to start working for TLC? _____

What days are you unable to work? _____

Do you have any relatives working for this agency? Yes No

If yes, list names and relationships: _____

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

High School Graduate or GED? Yes No

If yes, name and location of high school or GED institute: _____

Undergraduate Colleges or Universities

Name and Location of School	Dates Attended		Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
	From (Mo./Yr.)	To (Mo./Yr.)					

Graduate Schools

Name and Location of School	Dates Attended		Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
	From (Mo./Yr.)	To (Mo./Yr.)					

Technical or Vocational Schools

Name and Location of School	Dates Attended		Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
	From (Mo./Yr.)	To (Mo./Yr.)					

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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 (DD/MM/YYYY)	Date Expired (DD/MM/YYYY)	Issued by/Location of issuing authority (State or other authority) (City & State)	License Number

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.)

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes No
 If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.

FORMER FOSTER YOUTH (Verification may be required.)

Were you a foster youth under the Texas Department of Family and Protective Services on the date before your 18th birthday? Yes No
 If yes, are you currently 25 years of age or younger? Yes No

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: _____
 Date of Service (From/To): _____
 Are you a surviving spouse of a veteran who has not remarried? Yes No
 Are you a surviving orphan of a veteran killed while on active duty? Yes No
 If yes, complete dates of service for veteran: _____
 Are you the spouse of a member of the US armed forces or Texas National Guard serving on active duty? Yes No
 Are you the spouse and primary source of income for a veteran who has a total disability rating based on having a service-connected disability with a rating of at least 70 percent or on individual employability? Yes No

Have you ever been employed by the State of Texas? Yes No
 If yes, where? _____
 Are you currently employed by the State of Texas? Yes No
 Approximately how many words per minute do you type? _____

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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 Investigations 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 certify that I am not employed by and do not have any connection or continuous connections to any governmental entity or political apparatus of a country listed in 15 C.F.R. §791.4.

THIS APPLICATION MUST BE SIGNED

SIGN HERE:

(Signature - Applicant)

Date

Submit applications by email to TLCcareers@tlc.texas.gov.

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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. Employment history should include each position held, even those with the same employer.
2. Employer addresses must be complete mailing addresses, including ZIP code.
3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you have held.

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)

Submit applications by email to TLCcareers@tlc.texas.gov.

**Texas Legislative Council
Application for Employment**

Position Title _____
Employer _____
Mailing Address _____
City _____
State _____
Zip _____

Employer's Telephone Number _____
Immediate Supervisor Name _____
Immediate Supervisor's Title _____
Immediate Supervisor's Telephone Number _____
Starting Date (MM/DD/YYYY) _____
Leaving Date (MM/DD/YYYY) _____
Current/Final Salary _____

Nature of Position
 Technical
 Non-Managerial
 Supervisory/Managerial
If supervisory, number of employees you supervised: _____

Employment Status
 Full-Time
 Part-Time
 Summer
 Temp/Project

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

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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.

JOB POSTING NUMBER _____ DATE OF BIRTH _____

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (Zip)

DAYTIME PHONE _____ WORK PHONE _____

Sex
 Male
 Female

Veteran
 Yes
 No

Surviving Spouse of Veteran who has not remarried
 Yes
 No

Orphan of Veteran killed on active duty
 Yes
 No

Former Texas Foster Youth 25 years of age or younger
 Yes
 No

Ethnic Origin
 A - Asian
 B - Black
 H - Hispanic
 I - American Indian or Alaskan Native
 P - Native Hawaiian or Other Pacific Islander
 W - White
 M - Two or More Races

How did you first find out about this job?
 Other State Employee
 Job Fair
 Professional Publication
 Recruitment Poster
 Television
 Newspaper (specify name of newspaper below)

 College/University Career Day
 Human Resource/Personnel Office
 Radio
 Agency Web Site - Internet
 WorkInTexas.com
 Other (specify below)

SIGN HERE: _____
(Signature - Applicant) Date

White – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Black – a person having origins in any of the black racial groups of Africa.
Hispanic – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
American Indian or Alaskan Native – a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Native Hawaiian or Other Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Two or More Races – a person who primarily identifies with two or more of the above race/ethnicity categories.

AN EQUAL OPPORTUNITY EMPLOYER