



APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

If you need assistance in completing the employment application, please direct your inquiries to the person named as contact. Furthermore, TCOG conducts pre-employment qualification testing and personal interviews in the application process. If you believe you will require reasonable accommodation (e.g., interpreter, TDD, scheduling adjustments) in the application process, please inform the person named as contact in writing when you submit your application. This application must be completely filled out to be considered for a position with TCOG. Failure to completely answer all questions on the application may disqualify your application for employment consideration.

PERSONAL DATA

(Last Name) (First Name) (Initial)

(Street Address)

(Mailing Address)

(City) (State) (ZIP Code)

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Position(s) Applied For: 1st _____ 2nd _____

When would you be available to start work? _____

Check each type of work you will accept: Full-time Part-time Regular Temporary

Have you filed an application here before? Yes No Date: _____

Have you ever been employed here before? Yes No Date: _____

Are you or your spouse related to any officer or employee of this organization? Yes No

Minimum acceptable salary: \$ _____ per Hour Week Month Year

EDUCATION AND TRAINING: Documentation of your last completed educational attainment will be required to be considered for a position with TCOG. Applicant must provide copies of diploma, transcript, etc.

Name of Schools Attended & Location	No. of Years	Grade Average	Major/Field	Degree Received

SKILLS: The following space is provided for other information concerning special training and skills.

Keyboard/Typing _____ wpm

Copier Fax

Automated postage machine

10-Key Calculator by touch

IBM Compatible Computer

Computer software

D-base Lotus Windows Version _____

GIS WordPerfect Version _____

Other: _____

Switchboard

Other: _____

EMPLOYMENT EXPERIENCE: List each position held. Start with your present or most recent assignment and work backward. Include any military history in this section.

May inquiry be made of your present employer? Yes No

Company _____	Phone _____
Address _____	Supervisor's Name _____
City, State, ZIP _____	Starting salary _____ per _____
Job Title _____ Reason for leaving _____	Ending salary _____ per _____
Duties included _____	Start date _____
	End date _____
Company _____	Phone _____
Address _____	Supervisor's Name _____
City, State, ZIP _____	Starting salary _____ per _____
Job Title _____ Reason for leaving _____	Ending salary _____ per _____
Duties included _____	Start date _____
	End date _____
Company _____	Phone _____
Address _____	Supervisor's Name _____
City, State, ZIP _____	Starting salary _____ per _____
Job Title _____ Reason for leaving _____	Ending salary _____ per _____
Duties included _____	Start date _____
	End date _____
Company _____	Phone _____
Address _____	Supervisor's Name _____
City, State, ZIP _____	Starting salary _____ per _____
Job Title _____ Reason for leaving _____	Ending salary _____ per _____
Duties included _____	Start date _____
	End date _____
Company _____	Phone _____
Address _____	Supervisor's Name _____
City, State, ZIP _____	Starting salary _____ per _____
Job Title _____ Reason for leaving _____	Ending salary _____ per _____
Duties included _____	Start date _____
	End date _____

EMPLOYMENT EXPERIENCE Continued

Company _____	Phone _____
Address _____	Supervisor's Name _____
City, State, ZIP _____	Starting salary _____ per _____
Job Title _____ Reason for leaving _____	Ending salary _____ per _____
Duties included _____	Start date _____
	End date _____
Company _____	Phone _____
Address _____	Supervisor's Name _____
City, State, ZIP _____	Starting salary _____ per _____
Job Title _____ Reason for leaving _____	Ending salary _____ per _____
Duties included _____	Start date _____
	End date _____
Company _____	Phone _____
Address _____	Supervisor's Name _____
City, State, ZIP _____	Starting salary _____ per _____
Job Title _____ Reason for leaving _____	Ending salary _____ per _____
Duties included _____	Start date _____
	End date _____
Company _____	Phone _____
Address _____	Supervisor's Name _____
City, State, ZIP _____	Starting salary _____ per _____
Job Title _____ Reason for leaving _____	Ending salary _____ per _____
Duties included _____	Start date _____
	End date _____
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City, State, ZIP _____	Starting salary _____ per _____
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Duties included _____	Start date _____
	End date _____
Company _____	Phone _____
Address _____	Supervisor's Name _____
City, State, ZIP _____	Starting salary _____ per _____
Job Title _____ Reason for leaving _____	Ending salary _____ per _____
Duties included _____	Start date _____
	End date _____

ADDITIONAL INFORMATION: By law, you must be authorized to work in the United States in order to be employed by this employer. If you are one of the following, please check this box:

- A citizen or a national of the United States
- An alien lawfully admitted for permanent residence
- An alien authorized by the Immigration and Naturalization Service to work **indefinitely** in the United States

Have you ever been convicted of a felony, other crime or been the subject of deferred adjudication? Yes No
If yes, please explain (*You may omit convictions for minor traffic violations unless the position for which you are applying requires the operation of a motor vehicle. Conviction will not result in your automatic disqualification for employment. The seriousness of the crime, the date of conviction, and the relevance of the crime to this position will be considered*).

If the position for which you are applying requires a motor vehicle operation, do you have a current driver's license? Yes No
State/License No. _____ Type of License: Operator Commercial Chauffer

REFERENCES: List three people not related to you who are qualified to describe your capabilities for the position you seek. Be sure to include phone numbers

Name	Address	Daytime Phone	Relationship

I certify that the statements and information contained herein are true, complete, and correct to the best of my knowledge, and I authorize any former employer to release to this employer or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents verifying my identity and eligibility for employment. In addition, I understand that, if selected for an interview, true copies of all degrees, certificates, or licenses listed on this application will be required before an employment decision can be made. A photocopy of this authorization shall be as valid as the original.

TCOG is a smoke free facility. For the health of our guests, co-workers and ourselves - we do not allow smoking by employees or guests on campus at any time.

All employees of TCOG are notified that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace of TCOG. In addition, TCOG prohibits employees from being under the influence of alcohol, drugs, or inhalants in the workplace or while on duty for TCOG. Employees who violate this policy will be subject to immediate dismissal.

I understand that, if hired, my employment with TCOG would be at will and, as such, and within the provisions of state and federal law regarding public employment, I can be dismissed at any time, with or without notice, for any reason or no reason.

I also understand that only written representations and promises of this employer will be enforceable.

Signature of applicant _____ **Date** _____

NOTICES TO FORMER EMPLOYERS & REFERENCES OF:

This is to inform you that I have made application for employment with the Texoma Council of Governments, 1117 Gallagher, Sherman, Texas 75090. In order for TCOG to fully evaluate my qualifications and experience, I am requesting that you release any pertinent information that you may have as a part of a form personnel file, or personal knowledge.

Your cooperation with the Texoma Council of Governments is appreciated.

Applicant's signature

Date