



# THE CITY OF NIXON APPLICATION FOR EMPLOYMENT

For State Agency Use Only

Job Applicant No

**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, but **each copy must be signed.** 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 \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Last) (First) (Middle)

MAILING ADDRESS \_\_\_\_\_ AC ( ) \_\_\_\_\_  
(Street) (City) (State) (Zip) (Country) Home Phone

E-MAIL ADDRESS \_\_\_\_\_  
 List any other names used if different from name on this application. \_\_\_\_\_ AC ( ) \_\_\_\_\_  
(Work Phone, Optional)

List exact title of position or type of work and location for which you wish to apply:	Job Posting Number	Closing Date
List the state agency with which you wish to apply:	Do you have any relatives working for this agency? If so, list names and relationships:	

Full-Time  Part-Time  Summer  Temp/Project  Date available for work? \_\_\_\_\_

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

What days are you unable to work? \_\_\_\_\_

Are you willing to Travel? Yes  No  If yes, what percent of time? \_\_\_\_\_

Current Driver's License # (if required for position) \_\_\_\_\_ Commercial Driver's License Yes  No   
(State) (Number)

Are you at least 17 years of age? Yes  No

Geographic preference. (Be specific to city/area. If no preference, write "statewide.") \_\_\_\_\_

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? Yes  No   
 If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some state agencies may require additional information related to convictions of misdemeanors.

**EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)**  
 Indicate Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate from high school or receive GED? Yes  No

Type of School	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		To						
		Mo.	Yr.	Mo.	Yr.					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical, Vocational, or Business Schools										

Date Received \_\_\_\_\_ Time Received \_\_\_\_\_ Received by \_\_\_\_\_

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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	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 do you type? \_\_\_\_\_

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 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 State of Texas? Yes  No  Are you currently employed by the State of Texas? Yes  No

If you have been previously employed by the State of Texas, list the agency/agencies: \_\_\_\_\_

**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 status \_\_\_\_\_

Dates of Service (From/To): \_\_\_\_\_

Are you a surviving spouse of a veteran? Yes  No  Are you a surviving orphan of a veteran? Yes  No

If yes, complete dates of service for veteran (From/To): \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

- 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.
- I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
- 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.
- I understand that some state agencies will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
- 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.
- I understand that disclosure of my Social Security Number (SSN) is optional. The agency to which I am applying may use the SSN for administrative tracking purposes and for identification of individuals. This is in accordance with the Federal Law U.S.C. 552a Section 7(b).

**THIS APPLICATION MUST BE SIGNED** SIGN HERE: \_\_\_\_\_  
 Signature – Applicant \_\_\_\_\_ Date \_\_\_\_\_



# EMPLOYMENT HISTORY

**Name:** \_\_\_\_\_

Last

First

Middle

Social Security No.

Position Title: Employer: Mailing Address: City & 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"/>							
Starting Date						Current/ Final Salary		Summer <input type="checkbox"/>							
								Temp/Project <input type="checkbox"/>							
Mo.		Day		Yr.		Mo.		Day		Yr.		If supervisory, number of employees you supervised:		Give average # of hours worked per week if part-time:	
						\$		Non-Managerial <input type="checkbox"/>		Supervisory/Managerial <input type="checkbox"/>					

Summary of experience:

**Specific reason for leaving:**

Position Title: Employer: Mailing Address: City & 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"/>							
Starting Date						Current/ Final Salary		Summer <input type="checkbox"/>							
								Temp/Project <input type="checkbox"/>							
Mo.		Day		Yr.		Mo.		Day		Yr.		If supervisory, number of employees you supervised:		Give average # of hours worked per week if part-time:	
						\$		Non-Managerial <input type="checkbox"/>		Supervisory/Managerial <input type="checkbox"/>					

Summary of experience:

**Specific reason for leaving:**

## 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.

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-Islander <input type="checkbox"/> Asian/Pac. <input type="checkbox"/> Am.Ind./I-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="text-align: center;">Name of Newspaper</small>		<input type="checkbox"/> 11 - Texas Workforce Comm./ Hire Texas			
<input type="checkbox"/> 02 - Job Fair		<input type="checkbox"/> 07 - College/University Career Day		<input type="checkbox"/> 12 - Other (specify): _____			
<input type="checkbox"/> 03 - Professional Publication		<input type="checkbox"/> 08 - Human Resource/Personnel Office		_____			
<input type="checkbox"/> 04 - Recruitment Poster		<input type="checkbox"/> 09 - Radio					
<input type="checkbox"/> 05 - Television		<input type="checkbox"/> 10 - Agency Web Site - Internet					

**X**

\_\_\_\_\_  
Signature – Applicant

\_\_\_\_\_  
Date

**White (Not of Hispanic origin)** – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black (Not of Hispanic origin)** – All persons having origins in any of the Black racial groups of Africa.

**Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Asian or Pacific Islander** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

**American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

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