



Date Issued 2/16/1983
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APPLICATION FOR EMPLOYMENT
An Equal Opportunity / Affirmative Action Employer

If you need assistance in completing the employment application, please inquire at the Human Resources Office at 3991 E. 29th Street in Bryan, TX 77802. Furthermore, the BVCOG 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 Human Resources Office in writing when you submit your application. Auxiliary aids are available upon request.

PERSONAL DATA			<i>FOR OFFICE USE ONLY</i>	
(Last Name)	(First Name)	(Initial)	<i>Action(s)</i>	<i>Date(s)</i>
(Street Address, RFD, or P.O. Box)				
(City)	(State)	(Zip Code)		
Phone Numbers: () _____ () _____		Social Security Number: _____ Position(s) Applied For: _____		

When would you be available to start work? _____
 Check each type of work you will accept: Regular Temporary Part-time Full-time
 Have you filed an application here before? Yes No
 Have you ever been employed here before? Yes No
 Are you or your spouse related to any officer or employee of this employer? Yes No

EDUCATION AND TRAINING

Name of Schools Attended and Location	Dates Attended From To	Average Grades	Major Field	Degree Received

SKILL The following space is provided for other information concerning special training, interests, career goals, or any other data you wish to provide.

- | | |
|---|---|
| <input type="checkbox"/> Electric Typewriter, _____wpm
<input type="checkbox"/> Shorthand, _____wpm
<input type="checkbox"/> Word Processing Equipment (Specify _____)
<input type="checkbox"/> Fax Machine
<input type="checkbox"/> Computer Software
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Multipurpose Copying Machine
<input type="checkbox"/> Calculator (by touch)
<input type="checkbox"/> PBX or other Switchboard
<input type="checkbox"/> Data Entry
<input type="checkbox"/> Computer Hardware (Specify _____) |
|---|---|

EMPLOYMENT EXPERIENCE: List each position. Start with your present or most recent assignment and work backward. If you need additional space, please continue on a separate sheet(s) of paper. In the column at the right, describe your assignments. Attach additional sheets as necessary.

May inquiry be made of your present employer?

Yes No

Employer	From:	To:
	Dates	
Address	Summary of Job Duties	
Phone		
Job Title		
Supervisor		
Reason for Leaving	Starting Salary:	Ending Salary:
Employer	From:	To:
	Dates	
Address	Summary of Job Duties	
Phone		
Job Title		
Supervisor		
Reason for Leaving	Starting Salary:	Ending Salary:
Employer	From:	To:
	Dates	
Address	Summary of Job Duties	
Phone		
Job Title		
Supervisor		
Reason for Leaving	Starting Salary:	Ending Salary:
Employer	From:	To:
	Dates	
Address	Summary of Job Duties	
Phone		
Job Title		
Supervisor		
Reason for Leaving	Starting Salary:	Ending Salary:

ADDITIONAL INFORMATION: By law, you must be eligible 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 or other crime or been the subject of a deferred adjudication?

Yes No

If yes, please explain on additional page. (*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 crimes, the date of the conviction, and the relevance of the crime to the position will be considered.*)

If the position for which you are applying requires the operation of a motor vehicle, do you have a current Texas Driver's License? Yes No License No. _____

Type of License: Operator Commercial Chaffeur

REFERENCES: List three persons not related to you who are qualified to describe your capabilities for the position you seek.

Name	Address	Phone	Occupation

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. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, and that intentional misrepresentation on my application or during the interview process will subject me to immediate discharge.

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

Signature of Applicant: _____ Date: _____

EEO STATISTICAL DATA FORM

Dear Applicant:

Our commitment to a policy of providing equal employment opportunities to all applicants without regard to race, color, disability, religion, age, sex, or national origin requires that certain information on all job applicants be gathered and maintained for statistical purposes only. Completion of this form is voluntary on your part and will not affect your opportunities for employment with us. However, to fulfill our commitment, we would appreciate your supplying the information requested below.

PLEASE NOTE: The information requested on this form will be used for statistical reporting purposes only. It will be separated from your application form and will not be used in any way in evaluating your qualifications for employment, nor will it become part of your personnel file if you are hired.

INSTRUCTIONS: Please check the box corresponding to the correct response(s) in each of the categories below.

SEX

- Male
 Female

AGE (in years)

- Under 40
 40 and above

RACIAL/ETHNIC GROUP

- Caucasian (Not of Hispanic Origin)
 Black (Not of Hispanic Origin)
 Hispanic
 Asian or Pacific Islander
 American Indian or Alaskan Native

SOURCE OF INFORMATION ABOUT APPLYING

- Posted job announcement
 Texas Employment Commission
 Current Employee
 Friend
 Professional publication
 Newspaper
 Just walked in
 Other (Specify)

DISABILITY

Do you have a disability? Yes No

(Disability is described as:

1. Physical or mental impairment which substantially limits a major life activity;
2. Previous record of such an impairment; or
3. Being regarded as having such an impairment.)



Brazos Valley Council of Governments Background Check Authorization and Waiver

As part of the application process, the Brazos Valley Council of Governments must conduct a background investigation of any prospective employees. In order to expedite this process, please read and sign the statement of authorization below, providing the requested information. Our office will keep information obtained from the investigation confidential.

In making this application for employment, I hereby authorize investigation or confirmation of past and present employment, education, criminal history, if any, professional and personal background and credit history. I expressly request former employers and any persons who may have information concerning me to furnish such information to the Brazos Valley Council of Governments or its designee. Furthermore, I hereby agree to waive any access to the information obtained by the Brazos Valley Council of Governments from its background investigation.

Male
 Female

Printed Name

Social Security Number

Date of Birth

Phone Number

Current Address

X

Signature

Date