##### APPLICATION FOR EMPLOYMENT

These instructions must be followed exactly. Print neatly in ink or type. All fields must be completed. If questions are not applicable, enter ”NA”. Failure to follow instructions will nullify your application for employment at Capital Area Council of Governments (CAPCOG). Check your work before submitting your application. **Do not leave questions/fields blank. Be sure to sign when completed.** You may copy this application and enter different position titles, but **each copy must be signed**. **Resumes will not be accepted in lieu of applications**. If you require additional space to answer a question, attach letter size sheets to form, don't go past the form field size. If you need assistance in completing this application or during any phase of the application, interview, or employment process, please notify the contact person for the position or the HR Coordinator and every reasonable effort will be made to accommodate your needs in a timely manner. Accommodation is reasonable if it does not impose an undue hardship to CAPCOG and does not create a direct threat to the health and safety of yourself or others. Additional testing of job-related skills may be required prior to offer of employment. CAPCOG performs background checks for all positions. **Email this application to** [**jobapps@capcog.org**](mailto:jobapps@capcog.org)**, fax to 512-916-6001, or mail.** CAPCOG is an E-Verify® employer.

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| BIOGRAPHIC AND OTHER INFORMATION | | | | | | | | |
| NAME |  | | |  | |  | **(** **)** | |
| Last First Middle | | | | | | | Daytime Phone Number | |
| MAILING ADDRESS | | |  | | | | **(      )** | |
| Street City State Zip | | | | | | | Other Phone Number (opt) | |
| EMAIL ADDRESS | |  | | | Date available for work? | |  | |
| Position applying for: | | |  | | | Minimum Acceptable Salary: | |  |
| Have you previously been a contractor of or employed by CAPCOG? | | | | | Date: | | | |
| Are you or your spouse related to a CAPCOG employee or governing body member? No  Yes | | | | | | | | |
| **Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? No**  **Yes**  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. **Note**: Some positions may require additional information related to convictions of misdemeanors and/or additional background checks. | | | | | | | | |
| Do you have a current driver license (if required for position)? No  Yes  N/A | | | | | | | | |

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| Where did you first see the position for which you are applying?  CAPCOG Website Christine’s List  TML  Indeed  A University Website  A Professional Website  Texas Workforce  Craig’s List  Other |

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| --- | --- | --- | --- |
| EDUCATION, EXPERIENCE AND SKILLS | | | |
| High School Graduate or GED? No  Yes  If yes, name and location of high school or institute: | | | |
|  | Name and Locationof School | Field/ Course of Study | Type of Degree/ DiplomaReceived |
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| **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. | | | | | | | | | | | | | | | | |
| **Licenses/Certifications:** If a license or certification is required or related to the position for which you are applying, enter that information here: | | | | | | | | | | | | | | | | |
| Do you speak a language other than English? No  Yes   If yes, what language(s) do you speak? | | | | | | | | | | | | How fluently? Fair  Good  Excellent | | | | |
| Do you write in a language other than English? No  Yes | | | | | | | | | | | | If yes, which language(s)? | |  | | |
| 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 starting with your current or most recent assignment and work backward. Employment history should include each position held, even those with the same employer. 2) All fields must be completed. 3) If there are more employers than space provided, please indicate them on an attached sheet. 4) All employers, except current employer if so limited before offer, may be contacted for reference information before an offer is made. All employers may be contacted after an offer is made. Can an inquiry be made of current employer before an offer is given? No  Yes | | | | | | | | | | | | | | | | |
| Position Title:  Employer:  Mailing Address:  Employer’s Telephone No.: **(****)** | | | | | | | | | | | Immediate Supervisor:  Name:  Title:  Telephone No.: **(****)** | | | | | Full-time  Part-Time  Temp/Project  Average # of hours/week if part-time: |
| Starting Date: | | | Leaving Date: | | | | | | | | Technical  Non-managerial  Supervisory  Managerial | | | | | |
| Mo. | Yr. | | Mo. | | | | | Yr. | | |
| Beginning Salary: | | | Current/Final Salary: | | | | | | | |
| Summary of essential job functions, including special training/skills/qualifications you have used in the performance of this job:    **Specific reason for leaving:** | | | | | | | | | | | | | | | | |
| Position Title: Employer:  Mailing Address:  Employer’s Telephone No.: **(     )** | | | | | | | | | | | Immediate Supervisor:  Name:  Title:  Telephone No.: **(     )** | | | | | Full-time  Part-Time  Temp/Project  Average # of hours/week if part-time: |
| Starting Date: | | | Leaving Date: | | | | | | | | Technical  Non-managerial  Supervisory  Managerial | | | | | |
| Mo. | Yr. | | Mo. | | | | | Yr. | | |
| Beginning Salary: | | | Current/Final Salary: | | | | | | | |
| Summary of essential job functions, including special training/skills/qualifications you have used in the performance of this job:    **Specific reason for leaving:** | | | | | | | | | | | | | | | | |
| Position Title: Employer:  Mailing Address:  Employer’s Telephone No.: **(     )** | | | | | | | | | | | Immediate Supervisor:  Name:  Title:  Telephone No.: **(     )** | | | | | Full-time  Part-Time  Temp/Project  Average # of hours/week if part-time: |
| Starting Date: | | | | | Leaving Date: | | | | | | Technical  Non-managerial  Supervisory  Managerial | | | | | |
| Mo: | | Yr: | | | Mo: | | | | Yr: | |
| Beginning Salary: | | | | | Current/Final Salary: | | | | | |
| Summary of essential job functions, including special training/skills/qualifications you have used in the performance of this job:    **Specific reason for leaving:** | | | | | | | | | | | | | | | | |
| Position Title: Employer:  Mailing Address:  Employer’s Telephone No.: **(     )** | | | | | | | | | | Immediate Supervisor:  Name:  Title:  Telephone No.: **(     )** | | | | | | Full-time  Part-Time  Temp/Project  Average # of hours/week if part-time: |
| Starting Date: | | | | Leaving Date: | | | | | | Technical  Non-managerial  Supervisory  Managerial | | | | | | |
| Mo. | Yr. | | | Mo. | | | Yr. | | |
| Beginning Salary: | | | | Current/ Final Salary: | | | | | |
| Summary of essential job functions, including special training/skills/qualifications you have used in the performance of this job:    **Specific reason for leaving:** | | | | | | | | | | | | | | | | |
| **REFERENCES:** List three persons not related to you who are qualified to describe your capabilities for the position you seek.  NAME ADDRESS PHONE RELATIONSHIP/OCCUPATION | | | | | | | | | | | | | | | | |
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### CERTIFICATION AND AUTHORIZATION

1. I **certify** that all the information I provided in connection with this application, whether provided on this document or not, is true, complete, and correct to the best of my knowledge. I understand that the information will be used to evaluate my application for employment, and that if I **knowingly** supply incorrect, incomplete, or misleading information on the application or during the interview process I will not be hired or, if hired, that I will be subject to immediate dismissal.
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. within three (3) business days of hire.
3. I acknowledge I have read a Job Description for the position for which I have applied.  Yes  No
   1. I acknowledge I understand the requirements written in the description.  Yes  No
   2. I acknowledge I can perform the essential requirements of the position.  Yes  No
4. I authorize each of my former employers named in this application and on officially submitted documents, except my current employer if so speculated until after an offer is made, to furnish Capital Area Council of Governments (CAPCOG) with all of my employment records and any other work related information regarding my qualifications and fitness for the specified position. I also authorize CAPCOG to inquire into all statements I have made on this application. I release all such parties from all liability from any damages that may result from furnishing such information to CAPCOG. A photocopy or facsimile of this authorization is as valid as the original and may be used as authorization for release from past employers.
5. I understand CAPCOG will conduct a background check, possibly a driver license check, with a third party as allowed within FTC and FCRA guidelines.
6. I understand that if hired I consent to the search, retrieval, and disclosure at any time by the Executive Director, or person assigned by the Executive Director of the CAPCOG electronic communications equipment I use in accordance with CAPCOG Personnel Policies.
7. I understand if hired I will be employed at-will by CAPCOG, within the provisions of state and federal law regarding public employment, and that I may be dismissed from CAPCOG employment at any time, with or without notice, for any reason or no reason not prohibited by law. I understand this application does not constitute a contract of employment.

BY ENTERING MY NAME BELOW, I certify that I have read and agree with these statements.

Name  Date

##### Applicant EEO Reporting Form

Capital Area Council of Governments (CAPCOG) is required to maintain certain governmental recordkeeping and reporting requirements for the administration of grants. In order to comply with these requirements, CAPCOG invites applicants to voluntarily, self-identify their race or ethnicity, gender, and veteran status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment in consideration of employment. The information obtained will be separated from the application before the application is sent to hiring supervisors. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for grant administration. When reported, data will not identify any specific individual.

Please check all boxes that apply.

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

**White (Not Hispanic or Latino)** – A person having origins in any of the original people of Europe, North Africa, or the Middle East.

**Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

**Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes, for example, China, Japan, Korea, Cambodia, the Philippine Islands, and Vietnam.

**Native Hawaiian or Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.

**American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino) -** All persons who identify with more than one of the above five races.

**I do not** wish to disclose.

**Gender:**  Female  Male

**Veteran of any division of the U.S. armed services:**  No  Yes

Position applied for is:       Date: