



CAPITAL AREA COUNCIL OF GOVERNMENTS
An Equal Opportunity/Affirmative Action Employer
6800 Burleson Rd., Bldg. 310, Ste. 165, Austin, TX 78744
V: 512.916.6000 F: 512.916.6001

APPLICATION FOR EMPLOYMENT

For applications to be accepted for consideration, all fields in the application for employment must be completed, and all applications must be signed. If questions are not applicable, place "NA" in the corresponding field. Print neatly in ink or type. Failure to follow instructions will invalidate your application for employment at Capital Area Council of Governments (CAPCOG). 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 require assistance in completing this application or during any phase of the application, interview, or employment process, please notify the HR Coordinator or Email JobApps@capcog.org. Every reasonable effort will be made to accommodate your needs in a timely manner. Additional testing of job-related skills may be required prior to offer of employment. CAPCOG performs background checks for all positions. CAPCOG is an E-Verify® employer.

Please submit applications to the attention of Human Resources at JobApps@capcog.org, by mail, or by fax to 512-916-6001. Please include the position title in which you are applying for in the subject of your email. Please attach any supplemental documents you would like to be considered with your application.

BIOGRAPHIC AND OTHER INFORMATION

Name (Last, First, Middle)

Phone Number:

Mailing Address:

Position Applying for:

Email:

Min. Salary Requirements:

Previous Contractor or Employee of CAPCOG? Yes ☐ No ☐ If Yes, Please Provide Dates: _____

Are you or a spouse related to a CAPCOG employee or governing body member?
Yes ☐ No ☐

Date Available To Start:

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. **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)? Yes ☐ No ☐ Not Applicable ☐

Where did you first see the position you are applying for?

☐ CAPCOG Website ☐ Christine's List ☐ GovernmentJobs ☐ Indeed ☐ Texas Workforce

☐ TML Career Site ☐ University Website ☐ A Professional Website ☐ Other _____

EDUCATION, EXPERIENCE, AND SKILLS

High School Graduate or GED? Yes ☐ No ☐ IF YES, name and location of high school or institute:

List the institution name(s), course(s), degree(s) or certification(s), and date(s) of any college(s) or universities attended:

Name and Address of College or University	Field/Course of Study	Degree or Certification Obtained	Dates Attended: mm/yyyy format	
			From:	To:
			From:	To:
			From:	To:
			From:	To:

Special Training/Skills/Qualifications: List all job-related training or skills you possess and machines or office equipment you are able to use, such as; calculators, printing or graphics equipment, computer equipment, software and hardware.

Licenses/Certifications: Please list any licenses or certifications you hold that are relevant to the position in which you are applying for:

Please list any languages you are fluent in other than English: _____

Please check all that apply: Language(s): 1) _____ Speak Read Write 2) _____ Speak Read Write 3) _____
_____ Speak Read Write

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.

Company/Agency: _____ Phone Number: _____

Employer Address: _____ City _____ State _____ Zip _____

Position Title: _____ Starting Salary: _____ Ending Salary: _____

Supervisor Name and Title: _____ Start Date: _____ End Date: _____

Supervisor's Contact Information: _____ Currently Employed? Yes ____ No ____

May we Contact this Employer? Yes ____ No ____

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

Please specify the reason for leaving:

Company/Agency: _____ Phone Number: _____

Employer Address: _____ City _____ State _____ Zip _____

Position Title: _____ Starting Salary: _____ Ending Salary: _____

Supervisor Name and Title: _____ Start Date: _____ End Date: _____

Supervisor's Contact Information: _____ Currently Employed? Yes ____ No ____

May we Contact this Employer? Yes ____ No ____

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

Please specify the reason for leaving:

Company/Agency: _____ Phone Number: _____

Employer Address: _____ City _____ State _____ Zip _____

Position Title: _____ Starting Salary: _____ Ending Salary: _____

Supervisor Name and Title: _____ Start Date: _____ End Date: _____

Supervisor's Contact Information: _____ Currently Employed? Yes ____ No ____

May we Contact this Employer? Yes ____ No ____

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

Please specify the reason for leaving:

Company/Agency: _____ Phone Number: _____

Employer Address: _____ City _____ State _____ Zip _____

Position Title: _____ Starting Salary: _____ Ending Salary: _____

Supervisor Name and Title: _____ Start Date: _____ End Date: _____

Supervisor's Contact Information: _____ Currently Employed? Yes ____ No ____

May we Contact this Employer? Yes ____ No ____

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

Please specify the reason for leaving:

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

<u>NAME</u>	<u>RELATIONSHIP/ OCCUPATION</u>	<u>PHONE</u>	<u>EMAIL</u>



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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
 - a. **I acknowledge I understand the requirements written in the description.** ☐ Yes ☐ No
 - b. **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 _____