



South Texas Development Council

APPLICATION FOR EMPLOYMENT

Please print or type. Complete all questions and sign on page 5.
“SEE RESUME” is not a sufficient response to any question.

Last Name	First	Middle	Date of Application
Street Address			Home Telephone
City, State, Zip Code			Work Telephone
Position Desired	Date Available	Salary Desired	
Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of U.S. citizenship or immigration status will be required upon employment.	

EDUCATION

Level	Name and Location of School	Diploma or Degree (Credits Earned if No Degree)	Attendance Dates		Major
			From Mo/Yr	To Mo/Yr	
High School					
Business, Trade or Technical*					
College*					
Graduate School*					
Other*					

*If degree was received under a name other than that listed on this application, please provide your full name at the time the degree was awarded:

Degree: _____ Name At Time Earned: _____

Scholastic Achievements:



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SKILLS AND QUALIFICATIONS

Summarize specific skills and qualifications acquired from employment or other experiences that are related to the position for which you are applying (e.g., computer skills, software applications, and foreign languages):

EMPLOYMENT HISTORY

Please provide a COMPLETE employment history, even if a resume is submitted with this application. List ALL employers, assignments, or volunteer activities that are relevant to the job for which you are applying, starting with the most recent, including military employment. Explain any gaps in employment in the "Comments" section below. Please use the "Employment History Continuation Sheet" if additional space is needed.

(1) Present/Most Recent Employer		Dates Employed		Summarize the nature of the work performed and job responsibilities.
Telephone		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Hourly Rate/Salary		
<input type="checkbox"/> Temporary <input type="checkbox"/> Other		Final		
Reason for leaving or why you are considering leaving?		\$	per	
If currently employed, may we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(2) Next Previous Employer		Dates Employed		Summarize the nature of the work performed and job responsibilities.
Telephone		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Hourly Rate		
<input type="checkbox"/> Temporary <input type="checkbox"/> Other		Final		
Reason for leaving?		\$	per	



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EMPLOYMENT HISTORY CONT.				
(3) Next Previous Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment		Hourly Rate		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Final		
Reason for leaving?		\$	per	
(4) Next Previous Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment		Hourly Rate		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Final		
Reason for leaving?		\$	per	
COMMENTS (including explanation of any gaps in employment):				
REFERENCES				
List three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.				
Name	Telephone	Years Known	In what capacity did this person observe you or your work?	



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PROFESSIONAL LICENSES

List any professional license(s) that are related to the position for which you are applying and list state(s) in which licensed:

MEMBERSHIPS

List professional, trade, business, or civic associations that you consider relevant to the position for which you are applying (exclude memberships which would reveal sex, race, religion, national origin, age, color, or disability).

Organization	Offices Held

SPECIAL ACCOMPLISHMENTS, PUBLICATIONS AND AWARDS

Exclude information that would reveal sex, race, religion, national origin, age, color, or disability.

OTHER INFORMATION

Have you ever been convicted of, or are you now under charges for, any misdemeanor or felony offense? Omit (1) traffic fines, (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law, (3) any conviction the record of which has been expunged under federal or state law, and (4) any conviction set aside under the Federal Youth Corrections Act or similar authority. (A yes response will not necessarily disqualify you from employment.) Yes No
 If checked yes, please explain below.

If you have ever been granted a security clearance by any government agency, indicate the level of clearance, when granted, and by whom?

Have you ever had a security clearance suspended, denied, or revoked? Yes No

Are you bound by any non-solicitation/non-compete agreement? Yes No

Have you ever interviewed for a job with the STDC? Yes No
 If yes, when? _____ Where? _____

Have you ever been employed by the STDC? Yes No
 If yes, when? _____ Where? _____

Are any relatives or friends currently employed at the STDC? Yes No
 Name of employee(s) _____ Business unit where employed _____



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What prompted your application to STDC? (Please indicate name of ad/friend)	Ad _____	Friend _____
	STDC Employee _____	Other _____

PLEASE REVIEW APPLICATION CAREFULLY. WE WILL NOT CONSIDER THIS APPLICATION IF NOT COMPLETED IN FULL.

PLEASE READ THE FOLLOWING AND SIGN THE APPLICATION IN THE SPACES PROVIDED BELOW. IF YOU HAVE ANY QUESTIONS, PLEASE SPEAK WITH THE HUMAN RESOURCES REPRESENTATIVE BEFORE SIGNING.

I understand that employment by the STDC is “at will.” This means that the employment relationship can be ended by me or by the STDC at any time for any reason with or without advanced notice and with or without cause. It also means that the STDC may revise and make exceptions to its policies, practices, handbooks, manuals, rules, procedures, and regulations, in whole or in part, at any time. I further understand that acceptance of an offer of employment does not create a contractual obligation upon the STDC to continue to employ me in the future or for any specific term. Notwithstanding the above, I understand that no representative of the STDC, except the president, has any authority to enter into any agreement of employment for a definite term. Any such agreement must be in writing and signed by the president.

If employed by the STDC, I agree to comply with all safety and health rules, company policies and procedures, and local, state, and federal laws pertaining to my employment. Although management makes every effort to accommodate individual preferences, organizational needs may make the following conditions mandatory: overtime, rotating work schedule, or a work schedule other than Monday through Friday or normal business hours. I understand and accept these as conditions of my employment should I be hired.

I have reviewed this application carefully and I hereby affirm that my statements and answers to all questions on this application are true and correct and that I have not knowingly withheld any fact or circumstance that, if disclosed, would affect my application unfavorably. I understand that any misstatement or omission of fact on this application may result in my application not being considered, and, if employed, may result in my immediate dismissal.

I HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS:

Signature of Applicant _____

Date _____



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EMPLOYMENT HISTORY CONTINUATION SHEET

Last Name	First	MI	Date of Application			
Please place a number in the upper left-hand parentheses to designate the next previous employer, as continued from page 3 of the Employment Application, if this is your first continuation sheet, then number is 5.						
() Next Previous Employer		Telephone		Dates Employed		Summarize the nature of the work performed and job responsibilities.
				From Mo/Yr	To Mo/Yr	
Address						
Job Title		Hourly Rate/Salary				
		Starting				
Immediate Supervisor and Title		\$	per			
Type of Employment		Hourly Rate/Salary				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Final				
Reason for leaving?		\$	per			
() Next Previous Employer		Telephone		Dates Employed		
				From Mo/Yr	To Mo/Yr	
Address						
Job Title		Hourly Rate/Salary				
		Starting				
Immediate Supervisor and Title		\$	per			
Type of Employment		Hourly Rate				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Final				
Reason for leaving?		\$	per			



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INVESTIGATION AUTHORIZATION

By signing below, I hereby authorize the STDC to conduct an investigative report and/or reference check concerning all statements contained in my application for employment; to interview all employers, references, and other individuals and institutions to obtain information and opinions about me; and to conduct any other investigation that it deems appropriate. Such investigation may include but is not limited to my education, employment history (except my current employer if I have so indicated above), character, general reputation, driving record, credit history, and criminal record. In the event that I am employed by the STDC, I hereby authorize the STDC to answer any inquires regarding my employment, conduct, qualifications, and reasons for leaving.

I understand that I have the right to request the STDC to disclose to me, completely and accurately, the nature and scope of the investigation. (Such a request must be made in writing to the human resources department within a reasonable time after you have completed and signed this authorization.)

In exchange for being considered for employment, I hereby release the STDC, its employees, and agents, as well as any law enforcement agency, current or former employer, educational institution, credit agency, or any other individual providing information about me to the STDC, from any liability arising from disclosure of such information that is obtained during said investigation.

Signature of Applicant

Date



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The STDC is required by federal law to maintain certain information pertaining to applicants for employment. This information is **voluntary** and for record-keeping purposes only and **will not** affect any employment decisions.

Please mark the appropriate box:

Male Female

EEO Group Status:

White (Non-Hispanic) Black (Non-Hispanic) Asian

Hispanic/Latino - white only (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, **and** of the White race).

Hispanic/Latino - all other races (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, **and** of any race other than White)

American Indian or Alaskan Native Native Hawaiian or Pacific Islander

If you are an individual with a disability, a disabled veteran, veteran of the Vietnam Era or any other eligible veteran* (see below for definition) please check the appropriate box(es) below. Employees who identify themselves as such will be asked to provide additional information so that we can comply with the applicable laws.

*Other eligible veteran means veterans who served in the military, ground, naval or air service of the US on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

I claim status as:

Individual with a Disability Disabled Veteran

Vietnam Era Veteran (Dates of service: _____ to _____)

Other Eligible Veteran

Signature

Date