

Workforce Solutions Borderplex

EMPLOYMENT APPLICATION INSTRUCTIONS

APPLICANTS, PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE SUBMITTING YOUR EMPLOYMENT APPLICATION

Employment Applications will only be considered by Workforce Solutions Borderplex if:

- They are completed with all necessary information provided. If an applicant has no information responsive to a particular question, please indicate “N/A” (meaning, not applicable). Responses in the Employment History section such as “**see resume**” or “**same as above**” will disqualify the application from consideration.
- Workforce Solutions Borderplex requires applicants to submit a copy of their resume along with the Employment Application. Resumes, however, will not be accepted without a completed application, nor will a resume be referenced in the event of missing information, experience, etc.

- Once the Human Resources staff determines that the applicant has met the minimum qualifications, the applicant may be required to complete and submit a performance/ professional experience questionnaire

- They are received by Workforce Solutions Borderplex within the time period stated in the job posting. Late Employment Applications will not be considered.

If you have any questions regarding the submission of an Employment Application, please feel free to contact our staff.

Workforce Solutions Borderplex is an equal opportunity employer and, as such, does not deny applicants the right to apply for and obtain employment on the basis of any protected classification under federal or state law. **Furthermore, if any applicant needs assistance or accommodation during the application process, please contact the Workforce Development Board’s Human Resources Coordinator.**

July 2015

Workforce Solutions Borderplex

El Paso, Texas

APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

This application form is intended for use in evaluating your suitability for employment with Workforce Solutions Borderplex. It is neither an employment contract nor a guarantee of employment. Please answer all questions completely. If questions are not applicable, enter "NA." **Do not leave questions blank.** Resumes will not be accepted in lieu of applications. We will consider all otherwise qualified applicants without regard to sex, marital status, pregnancy, race, color, age, national origin, disability or veteran status. Furthermore, please note that Workforce Solutions Borderplex cannot guarantee that your application will remain confidential because it may be required to be disclosed under applicable public information laws.

Please Print or Type

Use Additional Pages If Needed

Job Application No. _____

Date: _____	Position applied for: _____
-------------	-----------------------------

PERSONAL INFORMATION

Name _____ Soc. Sec No. - -
Last First M.I.

Present Address _____ Time at present address _____
Street City State Zip

Prior Address _____ Time at prior address _____
Street City State Zip

E-mail address: _____ Home Phone () - Work Phone () -

Have you ever applied with Workforce Solutions Borderplex? _____ If so, when: _____

Have you ever been employed by the Workforce Solutions Borderplex? _____ If so, when: _____

Are you related to any current employees or Board members of the Workforce Solutions Borderplex? _____
 If so, whom: _____

Are you at least 18 years of age or older? Yes _____ No _____

Authorized to work in the United States? Yes _____ No _____

Referral Source: Advertisement _____ Friend _____ Employee _____ Relative _____ School _____
 Employment Agency _____ Walk-In _____ Other: _____

Do you have a valid driver's license(s)? Yes _____ No _____ Current Driver's License No. _____
(State) (Number)

EMPLOYMENT AVAILABILITY

Date you can start? _____ Full-time? _____ Part-time? _____ Temporary/Summer? _____

Are you available to work overtime if required: Weekdays? Yes _____ No _____
 Saturdays? Yes _____ No _____ Sundays? Yes _____ No _____

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13+

Did you graduate from high school Yes _____ No _____ or receive a 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										

List any honors received _____

List any licenses/certifications or other special training _____

JOB RELATED SKILLS

How many words per minute do you type (if required)? _____ Ten-key strokes per minute (if required)? _____

Do you speak a language other than English (if required for this position)? Yes _____ No _____
 If yes, what language(s)? _____ How fluently? Fair Good Excellent

Do you write in a language other than English (if required for this position)? Yes _____ No _____
 If yes, what language(s)? _____ Writing skill? Fair Good Excellent

If you are applying for a position that will require you to drive for work-related purposes, do you have vehicle insurance that meets the Texas minimum requirements for vehicle insurance? Yes _____ No _____

List professional trade, business or civic activities and offices held. (Exclude groups whose names would indicate race, color, religious creed, sex, national origin or ancestry of its members.) _____

Computer Skills:

Software/Hardware	Dates Used	Proficiency Level		
		<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

Summarize other relevant experience, skills, and background. _____

EMPLOYMENT HISTORY

The following information will be the official record of your employment history. Summaries of experience should clearly describe your qualifications. Please note the following:

- List all employment, starting with the current or most recent position. Continue on additional sheet(s) of paper if necessary by making copies of page 4.
- Include each position held, even those with the same employer.
- Include part-time and temporary employment and any military service.
- Provide employers complete mailing address, including zip code.
- Account for all periods of inactivity.

Workforce Solutions Borderplex may contact the Employers listed unless you indicate those you do not want us to contact. If you do not want us to contact a previous employer, please state why: _____

Position:						Supervisor Name:		Full-Time <input type="checkbox"/>
Employer:						Title:		Part-Time <input type="checkbox"/>
Mailing Address:						Supervisor's Telephone No.:		Summer <input type="checkbox"/>
City, State & ZIP:						()		Temp/Project <input type="checkbox"/>
Employers Tel. No.: ()						Average number of hours per week:		
Starting Date			Ending Date			Current/Final Salary	Technical <input type="checkbox"/>	If supervisory, no. of employees you supervised:
Mo.	Day	Yr.	Mo.	Day	Yr.		Non-Managerial <input type="checkbox"/>	
							Supervisory/Managerial <input type="checkbox"/>	
Duties/experience:								
Reason for leaving:								
Position:						Supervisor Name:		Full-Time <input type="checkbox"/>
Employer:						Title:		Part-Time <input type="checkbox"/>
Mailing Address:						Supervisor's Telephone No.:		Summer <input type="checkbox"/>
City, State & ZIP:						()		Temp/Project <input type="checkbox"/>
Employers Tel. No.: ()						Average number of hours per week:		
Starting Date			Ending Date			Current/Final Salary	Technical <input type="checkbox"/>	If supervisory, no. of employees you supervised:
Mo.	Day	Yr.	Mo.	Day	Yr.		Non-Managerial <input type="checkbox"/>	
							Supervisory/Managerial <input type="checkbox"/>	
Duties/experience:								
Reason for leaving:								

Position:						Supervisor Name:		Full-Time <input type="checkbox"/>
Employer:						Title:		Part-Time <input type="checkbox"/>
Mailing Address:						Supervisor's Telephone No.:		Summer <input type="checkbox"/>
City, State & ZIP:						()		Temp/Project <input type="checkbox"/>
Employers Tel. No.: ()						If supervisory, no. of employees you supervised:		Average number of hours per week:
Starting Date		Ending Date		Current/Final Salary	Technical <input type="checkbox"/>			
Mo.	Day	Yr.	Mo.		Day	Yr.	Non-Managerial <input type="checkbox"/>	
						Supervisory/Managerial <input type="checkbox"/>		

Duties/experience:

Reason for leaving:

Position:						Supervisor Name:		Full-Time <input type="checkbox"/>
Employer:						Title:		Part-Time <input type="checkbox"/>
Mailing Address:						Supervisor's Telephone No.:		Summer <input type="checkbox"/>
City, State & ZIP:						()		Temp/Project <input type="checkbox"/>
Employers Tel. No.: ()						If supervisory, no. of employees you supervised:		Average number of hours per week:
Starting Date		Ending Date		Current/Final Salary	Technical <input type="checkbox"/>			
Mo.	Day	Yr.	Mo.		Day	Yr.	Non-Managerial <input type="checkbox"/>	
						Supervisory/Managerial <input type="checkbox"/>		

Duties/experience:

Reason for leaving:

Position:						Supervisor Name:		Full-Time <input type="checkbox"/>
Employer:						Title:		Part-Time <input type="checkbox"/>
Mailing Address:						Supervisor's Telephone No.:		Summer <input type="checkbox"/>
City, State & ZIP:						()		Temp/Project <input type="checkbox"/>
Employers Tel. No.: ()						If supervisory, no. of employees you supervised:		Average number of hours per week:
Starting Date		Ending Date		Current/Final Salary	Technical <input type="checkbox"/>			
Mo.	Day	Yr.	Mo.		Day	Yr.	Non-Managerial <input type="checkbox"/>	
						Supervisory/Managerial <input type="checkbox"/>		

Duties/experience:

Reason for leaving:

MILITARY

Have you ever served in the military? Yes ___ No ___

If so, which Service Branch, i.e. Army, Navy, etc.?: _____

Date Entered* : _____

Date Discharged* : _____ Final rank _____ Type of discharge _____

* The Age Discrimination in Employment Act prohibits discrimination against employees and applicants for employment who are 40 years of age or older on the basis of age.

SECURITY

In which states have you lived in the past 10 years? _____

Have you used any names or Social Security numbers other than those listed on the first page of this Application? Yes ___ No ___ If so, please list them: _____

Have you ever been convicted of a felony or crime involving dishonesty? Yes ___ No ___

If so, describe below:

Date	City/State	Charge

Are you currently under indictment for, or has an official criminal complaint been filed against you, alleging, commission of a felony or crime involving dishonesty? Yes ___ No ___ If so, describe: _____

REFERENCES

Provide five references.

Name & Occupation	Address	Phone No.	Years Known/ Relationship

APPLICATION ACKNOWLEDGMENT AND RELEASE

Please read and initial each paragraph below. If there is any part of this page you do not understand, please ask the interviewer about it before signing.

- _____ 1.) **Truthful and Complete Information Contained in Application.** I certify and affirm that the answers and information given by me in this Application are true and complete to the best of my knowledge and understand that any false or misleading answers or information given on this Application will result in rejection of my application or discharge if discovered during my employment.
- _____ 2.) **Authorization to Conduct Background Investigation and Release of Liability for Conducting Background Investigation.** I authorize the Workforce Development Board to investigate all statements made by me, and to contact all references, persons, companies, governmental agencies and schools named by me in this Application. I also authorize the Workforce Development Board to conduct a criminal and driving background investigation on me. I further authorize all such references, persons, companies, governmental agencies and schools to provide all information known to them requested by the Workforce Development Board concerning my employment history, character, criminal background information, driving history, degrees and qualifications; and, in consideration for being considered for employment by the Workforce Development Board, I hereby specifically release and forever discharge all such persons, companies and schools from any and all claims or causes of action, including claims for defamation or invasion of privacy, which I might otherwise have against them for providing such information. In consideration for being considered for employment by the Workforce Development Board, I further release and forever discharge the Workforce Development Board for any and all claims or causes of action, including claims for invasion of privacy, which I might have against the Workforce Development Board for discussing my employment history, character, criminal background, driving history, degrees or qualifications with any person or entity named in this Application or with any unit of federal, state or local government.
- _____ 3.) **Investigative Consumer Report.** I understand that in processing this Application, the Workforce Development Board may request that an investigative consumer report be prepared which may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to request that the Workforce Development Board completely and accurately disclose to me the nature and scope of the investigation requested, if I make such request in writing to the Administrative Coordinator within a reasonable time after completing the Application.
- _____ 4.) **Pre-Employment Examinations.** I understand that prior to commencing employment with the Workforce Development Board, I may be required to submit to and pass various examinations, including a background questionnaire and a comprehensive medical examination and a drug and alcohol screening procedure, and that failure to submit to and/or pass such exams will be grounds for not hiring or terminating me.
- _____ 5.) **At-Will Employment.** I understand that if I am employed by the Workforce Development Board I may resign at any time and that my employment may be terminated at anytime, without cause or notice. I understand that no representative of the Workforce Development Board other than the Chief Executive Officer has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and that any such agreement must be in writing and signed by the Chief Executive Officer or it is not binding on the Workforce Development Board.
- _____ 6.) **Application Active Period.** I understand that this Application will be considered active only for the job posting for which it was submitted. If I wish to be considered for employment other than this job posting, I must submit a separate job application (or a copy of this application) for that posting.

Applicant's Printed Name

Applicant's Signature

Date

APPLICANT EQUAL EMPLOYMENT OPPORTUNITY DATA FORM

For Internal Recordkeeping Only

This Form is Not Part of the Employment Application

The information requested on this form is collected for the purpose of ensuring that the Workforce Development Board is able to monitor its commitment to providing equal employment opportunities. Information from this form may also be used to report to federal or state agencies regarding the make-up of our workforce. Neither this form nor any information contained herein will be considered part of your application for employment. Furthermore, as stated on the application, we consider applicants for all positions without regard to race, color, national origin, sex, marital status, religion, age, disability, veteran status or any other protected classification.

Background Information

Name _____ Soc. Sec. _____ - _____ - _____
Last First M.I.

Current Residential Address _____
Street City State Zip

Date of Birth _____ Home Phone () - _____ Work Phone () - _____
Mo. Day Yr.

Employment Application Information

Date:	Position applied for:
-------	-----------------------

How did you hear about this job opening?

- | | |
|--|---|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Recruitment Poster |
| <input type="checkbox"/> Internal Job Posting | <input type="checkbox"/> School |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Texas Workforce Commission |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Newspaper Advertisement | <input type="checkbox"/> Workforce Development Board employee |
| <input type="checkbox"/> Private Employment Agency | <input type="checkbox"/> Workforce Development Board member |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Other (specify): _____ |

EEO Information

Check One: Male Female

Check One: Hispanic Black White American Indian/Alaskan Asian/Pacific Islander
 Other (Specify): _____

Check any which apply to you: Vietnam Era Veteran Disabled Veteran Disabled Individual
 Spouse of Veteran Orphan of Veteran