

206 Application for Employment



Policies

Please fill out the Application Form completely. If questions are not applicable „NA“ (Not Available). Do not leave any of the questions below blank. When you have filled in all the questions, push the „Submit Form“ button at the end of the Application Form. You are asked to either open your browser or your Email Program. If you have any problems by submitting the Application Form this way, please save the PDF Document and send it as an attachment to jobs@gctcw.org.

Gulf Coast Trades Center/The Raven School is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability, political affiliation or belief, and against any beneficiary of programs financially assisted under Title I, WIOA on the basis of citizenship/status as a lawfully admitted immigrant authorized to work in the United States or his or her participation in any WIOA Title I financially assisted program or activity. This application becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023 and 559.004.)

Identifying Information

First Name	Middle Name		
Last Name	Maiden Name		
Other names or spellings used (previous marriage, surname, alias,...)			
Date of Birth (mm,dd,yyyy)			
Driver License No.			
State			
Date of Expiration			
Current Residence Street Address			
City	County	State	Zip Code
Telephone No.	Alternative No.		
Email Address			

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Job Information

Position applying for				
Part-Time	Full-Time	Summer		
You are at least 21 years of age?			Yes	No
Date available for work				
Are you willing to work hours other than 8-5?			Yes	No
What Days are you unable to work?				
Are you willing to travel			Yes	No
Are you currently employed?			Yes	No
If yes, may we contact your present employer?			Yes	No
Please state your minimum salary requirement (Do not write negotiable)			annual or hourly	
Have you applied with us before?			Yes	No
If yes, please give date				
Have you been employed with us before?			Yes	No
If yes, date and job title				
Have you ever been a contractor/volunteer with us before?			Yes	No
If yes, date and department				
Are you a veteran of the U.S. Military Service?			Yes	No
If yes, branch		date of discharge		
(Please attach a copy of your DD214)				

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Job Information

Can you furnish proof of eligibility to work in the United States (I-9)?	Yes	No	
Do you have relatives currently employed here?	Yes	No	
Give name			
Relationship			
Department			
Are you a relative of a child in our care?	Yes	No	
Give name			
Relationship			
Have you been employed with the Texas Work Source during the last 12 months in a decision-making position?	Yes	No	
After review of the job description for this position, do you believe you are able to perform the essential functions of this position, with or without reasonable accomodations?	Yes	Yes, with accomodations	No

Education

Note: Applicants will be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.

Highest grade completed (1-12)
Did you graduate from high school or receive GED?

As an applicant and potential new employee, do you consent to a pre-employment and random drug/alcohol screen?

	Yes	No
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It is the practice of the Agency to provide For Cause drug/alcohol screening. Do you consent to a drug/alcohol screen if employed and required to do so as a result of suspicious behavior(s) while on duty?

	Yes	No
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Education

Type of School	Name and Location of School	Dates Attended				Date Graduated	Extended 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 University										
Graduate Schools										
Technical, Vocational or Business School										

If a license, certificate or other authorization is required or related to the position for which you are applying, complete the following:

Professional License #	Type
Date Acquired	Expiration Date
Professional License #	Date
Date Acquired	Expiration Date

Have you ever received a written discipline from any licensing board from which you have received a professional license? Yes No
 If yes, please explain

Have you ever had a professional license suspended or revoked? Have any proceedings to suspend or revoke a professional license been initiated or currently exist? Yes No
 If yes, please explain

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Education

Special Trainings/Skills/Qualifications: List all job related trainings 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.

Approximately how many words per minute do you type?

Do you speak a language other than English

Yes No

If yes, list

Good Fair Fluent

Do you write in a language other than English?

If yes, list

EEO Data

Note: This information will be used for reporting purposes and for background check information.

Place of Birth

Ethnicity: Hispanic Not Hispanic

Gender: Female Male

Race: American Indian/Alaska Native Asian Black Hispanic
Native Hawaiian/Pacific White Other

Height Weight Hair Color Eye Color

List all Cities/States lived in the past 5 years

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Employment History

Note: 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. Begin with your current or last position and work back to your first.
2. Employment history should include each position held, even those with the same employer.
3. Employer Address must be complete mailing address, including zip code.
4. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
5. For supervisory/managerial positions, indicate the number of employees you supervised

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Position Title		Supervisor Name		
Employer		Title		
Mailing Address		Supervisors Telephone		
City, State, ZIP		Full-Time	Summer	Average # of hours
Employers Telephone No.		Part-Time	Temp/Project	worked per week
Current/final Salary			Technical	
Starting Date	If supervisor, number of em-		Non-Managerial	
Leaving Date	ployees you have supervised		Supervisor/Managerial	

Summary of experience

Specific resason for leaving

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Driving Record

Do you have a valid drivers's license?	Yes	No
Number		
State		
	Yes	No
Have you ever had your driver's license suspended or revoked?	Yes	No
Have you ever been denied auto insurance?		
List any moving violations in the last 3 years that you pled guilty/paid fine: (examples would include accidents, speeding, reckless driving, driving under the influence, etc.)		
Date:	Type:	
Date:	Type:	
Date:	Type:	

Background Informaion

Do you consent to a background check if required?	Yes	No
Have you ever been convicted of or pled no contest (no contender) to any crime that would constitute a felony or misdemeanor?	Yes	No
Felony Degree/Misdemeanor Class (if known):	Type:	
State:	Explain:	
County:		
Date:		
Sentence:		
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State:	Explain:	
County:		
Date:		
Sentence:		