



Deep East Texas Council of Governments
and Economic Development District

1405 Kurth Drive • Lufkin, Texas 75904
936-634-2247 • 936-639-2700 (Fax)

EMPLOYMENT APPLICATION

(Please print clearly)

PERSONAL

Position desired _____ Date _____

Name _____ Social Security No. _____
Last First Middle

Present address _____
Number & Street City State Zip

Email address: _____ Cell: _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes No
(If yes, verification will be required upon employment)

Do you have relatives currently employed by us? Yes No

If yes, please give name and relationship _____

RECORD OF EDUCATION

EDUCATION	Name and Location Of School	Circle last year completed	Graduated Yes/No	Diploma/Degree	Major field of study
High School		1 2 3 4			
College/University		1 2 3 4			
Other Schools		1 2 3 4			

An Equal Employment Opportunity Employer

EMPLOYMENT HISTORY

Please list below present and past employment, beginning with your most recent.

Name and Address of Company				Phone Number: ()			
FROM		TO		Starting Salary	Last Salary	Reason for leaving	Name of Supervisor
Mo.	Yr.	Mo.	Yr.				
				\$ per	\$ per		
Description of duties:							

Name and Address of Company				Phone Number: ()			
FROM		TO		Starting Salary	Last Salary	Reason for leaving	Name of Supervisor
Mo.	Yr.	Mo.	Yr.				
				\$ per	\$ per		
Description of duties:							

Name and Address of Company				Phone Number: ()			
FROM		TO		Starting Salary	Last Salary	Reason for leaving	Name of Supervisor
Mo.	Yr.	Mo.	Yr.				
				\$ per	\$ per		
Description of duties:							

May we contact the employers listed above concerning your prior work experience? Yes No

In addition to your work history, what other experience, skills, or qualifications would especially fit you for work with our organization? _____

List office machines or equipment you can use _____

REFERENCES

No former employers or relatives

NAME & OCCUPATION	ADDRESS	PHONE NUMBER

I certify that the information provided in this application, is, to the best of my knowledge, true and correct. I understand that any misstatement or omission of facts may result in application disqualification and/or dismissal. I authorize the DETCOG to make inquiries or investigation of the information I have supplied in this application. I understand that if employed, I will serve an initial probationary period. I understand that employment at DETCOG is "at will," which means that either I or DETCOG can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute.

APPLICANT SIGNATURE

DATE