

# TEXAS COOPERATIVE INSPECTION PROGRAM

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin

### PERSONAL INFORMATION

Social Security  
Number

Date

Name

Last

First

Middle

Present Address

Street

City

State

Zip

Permanent Address

Street

City

State

Zip

Telephone Number

Are you willing to travel? Yes No

Referred

Are you 18 years of age or older? Yes No

By

Have you ever been convicted of a crime other than a traffic

Drivers License #

Violation Yes No (If "yes" explain on separate sheet.)

### EMPLOYMENT DESIRED

Position

Date You  
Can Start

Salary  
Desired

Are You Employed Now? Yes No

If So May We Inquire of  
Your Present Employer? Yes No

Ever Applied to this Company Before? Yes No Where?

When?

### EDUCATION

Name and Location of

Circle  
Last Year  
Completed

Did You  
Graduate?

Subjects Studied  
And Degree(s)  
Received

Grammar School

High School

College

Trade, Business or  
Correspondence  
School

### GENERAL

Subjects of Special Study or Research Work

Job Related Skills (Typing, driver's license, etc.)

Activities Other Than Religious  
(Civic, Athletic, etc.)

(Continued on Other Side)

**FORMER EMPLOYERS** List below your last four employers, starting with the last one first

Date Month and Year	Name and Address of Employer	Duties	Salary upon leaving / Reason for leaving
From			
To			
From			
To			
From			
To			
From			
To			

**References** List below three persons not related to you, whom you have known at least one year

Name	Address	Position	Years Acquainted
1			
2			
3			

**AUTHORIZATION**

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without any previous notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_

In Case of  
Emergency Notify \_\_\_\_\_  
Name

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

REMARKS: \_\_\_\_\_

INS Form I-9 Completed? Yes No

Hired: \_\_\_\_\_ Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Salary/Wages: \_\_\_\_\_

Approved: 1. \_\_\_\_\_ Director 2. \_\_\_\_\_ Supervisor 3. \_\_\_\_\_ Assistant Commissioner