



COASTAL BEND COUNCIL OF GOVERNMENTS
 P.O. BOX 9909
 2910 LEOPARD ST
 CORPUS CHRISTI, TEXAS 78469-9909
 Phone (361) 883-5743 Fax (361) 883-5749

Equal Opportunity/Affirmative Action Employer

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1 - 5.

Date: _____

Personal

Name _____
Last First Middle Initial

Present address _____
Street City State Zip

How long? _____ Social Security No. _____ - _____ - _____

Phone () _____ Email _____

Are you a citizen of the United States, or otherwise authorized to work in this country? YES NO

How long have you been a resident of Texas? _____ year(s)

Have you filed an application of employment with CBCOG before? YES NO

Have you ever been employed by CBCOG before? YES NO

Are you or a family member related to a board member or employee of CBCOG? YES NO

Position applying for _____
Specify. _____

Salary desired _____

Employment schedule desired FULL-TIME PART-TIME FULL- / PART-TIME

Date available to work _____

Education/Professional

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS	MAJOR	DEGREE
HIGH SCHOOL					
COLLEGE					
UNIVERSITY, undergraduate					
UNIVERSITY, graduate					

PROFESSIONAL LICENSES/CERTIFICATIONS	ISSUING STATE	LICENSE/CERTIFICATION #	EXPIRATION

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO
 IF YES -
 What was the crime? _____
 How long ago did it happen? _____
 Currently on probation/parole? _____
 Subsequently employed? _____

Military

HAVE YOU EVER BEEN IN THE ARMED FORCES? YES NO
 ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? YES NO
 Specialty _____ Date Entered _____ Date Discharged _____

Skills and Affiliations

DO YOU HAVE A VALID TX DRIVERS' LICENSE? YES NO
 Driver's License number _____ Issuing State _____ Expiration date _____
 Have you had any accidents and/or traffic violations during the past three years?
 YES NO How many? _____
 ARE YOU AVAILABLE TO TRAVEL WITHIN THE COASTAL BEND REGION AND/OR TEXAS? YES NO
 DO YOU SPEAK ANY LANGUAGES OTHER THAN ENGLISH? Specify. _____
 FLUENTLY? YES NO
 DO YOU HOLD MEMBERSHIP WITH CLUBS AND/OR ORGANIZATIONS (community, professional, etc.)?

Other Information

Is there any reason you may be unable to perform functions of the job described? YES NO
 Are there any reasonable accommodations that could be made by CBCOG to enable you to perform
 the required job functions? _____

Work History

Please list work experience for the past five years beginning with your current employment or most recent.

If you were self-employed, give business name. Attach additional sheets, if necessary.

Employer _____	Supervisor _____		
Address _____	Employment _____	<i>From</i>	<i>To</i>
City, State, Zip _____	Job title _____		
Phone () _____	May we contact employer? _____	Salary	
		<i>Beginning</i>	<i>Ending</i>

List jobs held, duties performed, skills used/learned, advancements or promotions while employed.

Employer _____	Supervisor _____		
Address _____	Employment _____	<i>From</i>	<i>To</i>
City, State, Zip _____	Last job title _____		
Phone () _____	May we contact employer? _____	Salary	
		<i>Beginning</i>	<i>Ending</i>
Reason for separation. Explain. _____			

List jobs held, duties performed, skills used/learned, advancements or promotions while employed.

Employer _____	Supervisor _____
Address _____	Employment <i>From</i> _____ <i>To</i> _____
City, State, Zip _____	Last job title _____
Phone () _____	May we contact employer? _____
	Salary <i>Beginning</i> _____ <i>Ending</i> _____
Reason for separation. Explain. _____	

List jobs held, duties performed, skills used/learned, advancements or promotions while employed.

Use space provided to summarize additional information to describe qualifications for position.

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Daytime Telephone _____	Daytime Telephone _____

OFFICE USE ONLY

Computer Skills:

Windows _____ Typing: _____ WPM
PC _____ Word _____ 10-Key: _____ SPM
MAC _____ Excel _____
PowerPoint _____
Outlook _____ Other Skills/Equipment:

Other software/programs: _____

Comments: _____

Background Check Authorization.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you. I also understand that you may check with the Texas Department of Public Safety or other organizations for any criminal history.

Signature

Print Name

Date

Falsification Statement.

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.

Signature

Print Name

Date

Drug Testing Statement.

I understand any offer of employment is contingent on my submission to and successful completion of a medical examination, including drug testing. I further understand that as a condition of my continued employment, I may, from time to time, be required to submit to additional examinations or drug testing.

Signature

Print Name

Date

I-9 Notice.

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.

Signature

Print Name

Date

At-Will Employment Statement.

I understand that nothing in this application, or in any prior or subsequent written or oral statement, creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by the Coastal Bend Council of Governments (CBCOG), my employment will be at-will, for an indefinite period of time, and may be terminated at any time, with or without cause or notice, at the option of CBCOG or myself. I understand that I have the right to end my employment at any time and that CBCOG retains that same right. I also understand that no one has the authority to enter into any contract, agreement or modification of the foregoing unless such contract, agreement or modification is in writing and signed by the Executive Director of CBCOG.

Signature

Print Name

Date