



SOUTH TEXAS

TRANSITION TO TEACHING
ALTERNATIVE CERTIFICATION PROGRAM

EMPLOYMENT APPLICATION

Position applying for: _____

EMPLOYEE INFORMATION

Name: _____

Last

First

Middle

Telephone: _____ Cell Landline Email: _____

Social Security Number _____

Address: _____

I am legally eligible for employment in the U.S.?

APPLYING FOR OFFICE ONLY

Yes

No

Work the following shifts: (check all that apply) Monday - Friday (Sometimes Satu

Morning (9am-1pm)

Afternoon (2pm-6pm)

Any

I will be able to report to work

_____ days after being notified I am hired.

EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary.

No more than 10 years history recommended.

Employer name and address _____ _____ _____ Pay: _____ Per: _____	Postion title/duties, skills: _____ _____ _____ Supervisor: Telephone: _____	Start date: _____	End date: _____	
Reasoning for leaving				
Employer name and address _____ _____ _____ Pay: _____ Per: _____	Postion title/duties, skills: _____ _____ _____ Supervisor: Telephone: _____	Start date: _____	End date: _____	
Reasoning for leaving				
Employer name and address _____ _____ _____ Pay: _____ Per: _____	Postion title/duties, skills: _____ _____ _____ Supervisor: Telephone: _____	Start date: _____	End date: _____	
Reasoning for leaving				
Employer name and address _____ _____ _____ Pay: _____ Per: _____	Postion title/duties, skills: _____ _____ _____ Supervisor: Telephone: _____	Start date: _____	End date: _____	
Reasoning for leaving				

EDUCATION

	Institution name	Years Completed	Field of study	Graduate or degree
High School				
College/university				
Business/technical				
Additional				

SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations:

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to employer's attention:

APPLYING FOR OFFICE ONLY

Typing speed: _____ per minute

REFERENCES

List two former supervisors (most recent) and/or one personal reference who is not a relative.

Name	Address	Telephone	Occupation	Years known
Can we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Name	Address	Telephone	Occupation	Years known
Can we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Name	Address	Telephone	Occupation	Years known

CONTACT

In case of accident or illness, please contact: Name: _____ Daytime phone: _____

Address: _____ Relationship: _____

INFORMATION TO THE APPLICANT

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination an/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature of Applicant _____ Date _____

Applicants for all positions are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status