



**E  
D  
U  
C  
A  
T  
I  
O  
N**

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Middle School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School or GED				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**J  
O  
B  
R  
E  
L  
A  
T  
E  
D  
S  
K  
I  
L  
L  
S**

Are you fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No  Are you fluent in Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you speak any other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No  List additional languages. _____
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No  If so, provide the following information: Type: _____ State: _____ License Number: _____ Type: _____ State: _____ License Number: _____	
Describe any specialized training, apprenticeship, skills, volunteer, and extra-curricular activities: _____ _____ _____	
List professional, trade, business or civic activities and offices held. <i>(Exclude groups whose names would indicate race, color, religion, gender, national origin, age, ancestry, disability or other protected status):</i> _____ _____	
Are you certified in First Aid and/or CPR? First Aid: <input type="checkbox"/> Yes <input type="checkbox"/> No CPR: <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a Food Handler's Card? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you attended Defensive Driving Training? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If you answered "Yes" to any of the above, please present/attach certification)</i>	
Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  Are you a Vietnam veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what Branch? <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marines  <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard
Describe any job-related training received while serving in the military relevant to the position for which you are applying: _____ _____	

After reviewing the job description(s), are you able to perform the duties of the job(s) for which you are applying with or without accommodation?  Yes  No  
 Accommodation needed: \_\_\_\_\_



**EMPLOYMENT HISTORY CONTINUED:**

**Comments:** Include explanation of any gaps in employment.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

We may contact the employers listed on the previous page unless you indicate those you do not want us to contact.	<b>Do Not Contact:</b>
	Employer Number(s): _____ Reason: _____ _____

<b>S E C U R I T Y</b>	In which states have you lived in the past 10 years?		
	Other than El Paso, list other cities within Texas where you have resided:		
	Have you used any names or Social Security numbers other than those listed on the first page of this Application? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list them:		
	Have you ever been convicted of a crime (felony or misdemeanor) other than traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe below:		
	( Date )	( City/State )	( Charge )

Are you currently under indictment for, or has an official complaint been filed against you, alleging commission of a felony or misdemeanor?  Yes  No  
If so, describe:

**PERSONAL/PROFESSIONAL REFERENCES:** You must provide at least three personal references. Do not include family members or past supervisors.

(Name/Occupation)	(Complete Address/Phone Number)	(Years Known/Relationship)

This application form is intended for use in evaluating your suitability for employment with this agency. It is not an employment contract or a guarantee of employment. If an offer of employment is extended, it is understood that the employer may terminate the employment at any time, with or without cause and without prior notice, unless required by law. Please answer all questions completely. Prospective employees will receive consideration without regard to race, creed, color, sex, age, national origin, disability, marital, veteran status or any other legally protected status. By completing and submitting this application I fully understand and accept all terms and conditions listed throughout this application.

**If desired, enclose résumé and any other credentials/documents prior to submission. Ensure all enclosed attachments are signed and dated.**