

Start with most recent or present employer and complete in full. Include full and part-time employment.

E M P L O Y M E N T H I S T O R Y	Current/Prior Employer	Telephone Number
	Address, City, State, Zip	Employed (Month/Year) From: To:
	Immediate Supervisor:	Hourly Pay Start: Last:
	State Job Title and Duties:	Reason for leaving:
		May we contact this employer? ___ Yes ___ No

E M P L O Y M E N T H I S T O R Y	Prior Employer	Telephone Number
	Address, City, State, Zip	Employed (Month/Year) From: To:
	Immediate Supervisor:	Hourly Pay Start: Last:
	State Job Title and Duties:	Reason for leaving:
		May we contact this employer? ___ Yes ___ No

E M P L O Y M E N T H I S T O R Y	Prior Employer	Telephone Number
	Address, City, State, Zip	Employed (Month/Year) From: To:
	Immediate Supervisor:	Hourly Pay Start: Last:
	State Job Title and Duties:	Reason for leaving:
		May we contact this employer? ___ Yes ___ No

E M P L O Y M E N T H I S T O R Y	Prior Employer	Telephone Number
	Address, City, State, Zip	Employed (Month/Year) From: To:
	Immediate Supervisor:	Hourly Pay Start: Last:
	State Job Title and Duties:	Reason for leaving:
		May we contact this employer? ___ Yes ___ No

E M P L O Y M E N T H I S T O R Y	Prior Employer	Telephone Number
	Address, City, State, Zip	Employed (Month/Year) From: To:
	Immediate Supervisor:	Hourly Pay Start: Last:
	State Job Title and Duties:	Reason for leaving:
		May we contact this employer? ___ Yes ___ No

E M P L O Y M E N T H I S T O R Y	Prior Employer	Telephone Number
	Address, City, State, Zip	Employed (Month/Year) From: To:
	Immediate Supervisor:	Hourly Pay Start: Last:
	State Job Title and Duties:	Reason for leaving:
		May we contact this employer? ___ Yes ___ No



APPLICANT EEO DATA FORM

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

1. Job Posting Number	2. Social Security No.	3. Last Name (Type or Print)		First	Middle
4. Address	City	State	ZIP Code	5. Home Phone ()	
				6. Work Phone ()	
7. Sex ___ M-Male ___ F-Female	8. Birth Date	9. Ethnic Origin (Check mark preferred) ___ W-White ___ B-Black ___ H-Hispanic Asian/Pac. Am.Ind/ ___ P-Islander ___ I-Alaskan ___ O-Other			
10. Veteran ___ Yes ___ No	11. Spouse of Veteran ___ Yes ___ No		12. Orphan of Veteran ___ Yes ___ No		
13. How did you find out about this job? ___ 01 - Other State Employee ___ 06 – Newspaper _____ ___ 11 – WorkInTexas.com <small style="margin-left: 150px;">Name of Newspaper</small> ___ 02 - Job Fair ___ 07 - College/University Career Day ___ 12 - Other (specify): _____ ___ 03 - Professional Publication ___ 08 - Human Resource/Personnel Office ___ 04 - Recruitment Poster ___ 09 – Radio ___ 05 - Television ___ 10 - Agency Web Site - Internet					

 Signature – Applicant Date

White (Not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (Not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.

Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

AN EQUAL OPPORTUNITY EMPLOYER