

APPLICATION FOR EMPLOYMENT

TEXAS MUNICIPAL COURTS EDUCATION CENTER

It is TMCEC's policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classifications.

PERSONAL INFORMATION

| | | | |
|--|----------|--------|---|
| Name (First) | (Middle) | (Last) | Home Telephone Number: () |
| Home Address (Street) | | (City) | (Zip) |
| | | | Business Telephone or Message Number: () |
| Are you a US citizen or are you authorized by the INS to work? <i>(circle one)</i> YES NO | | | Email: |
| Are you between the ages of 18 and 70? <i>(circle one)</i> YES NO | | | Who referred you to us? |
| Have you ever been convicted of a felony? If yes, please explain on the back. <i>(circle one)</i> YES NO Note: Conviction will not necessarily disqualify applicant for employment | | | |

EMPLOYMENT DESIRED

| | |
|---|---|
| Have you applied for employment here before? <i>(circle one)</i> YES NO When: | Date you can start? |
| Have you ever been employed here? <i>(circle one)</i> YES NO When: | Starting salary desired? |
| Are you employed now? <i>(circle one)</i> YES NO | Position desired? |
| May we contact your employer? <i>(circle one)</i> YES NO | |
| Are you currently on lay-off for another company? <i>(circle one)</i> YES NO | List applicable skills: |
| Are you willing to travel? <i>(circle one)</i> YES NO | What percentage of time? |
| Are you available for full-time work? <i>(circle one)</i> YES NO | Are you willing to work overtime as required? <i>(circle one)</i> YES NO |
| Are you available for part-time work? <i>(circle one)</i> YES NO | |

EMPLOYMENT HISTORY

(List employment for the past 10 years, starting with present job. Include Military Experience.)

| | | | |
|--------------------------|---------|---------------------|--|
| Company Name: | | Specific Duties: | |
| Street Address: | | Telephone Number: | |
| City & State: | | Reason for Leaving: | |
| Job Title: | | Supervisor: | |
| Dates Employed: | Salary: | | |
| From To | | | |
| Company Name: | | Specific Duties: | |
| Street Address: | | Telephone Number: | |
| City & State: | | Reason for Leaving: | |
| Job Title: | | Supervisor: | |
| Dates Employed: | Salary: | | |
| From To | | | |
| Company Name: | | Specific Duties: | |
| Street Address: | | Telephone Number: | |
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| From To | | | |
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| Street Address: | | Telephone Number: | |
| City & State: | | Reason for Leaving: | |
| Job Title: | | Supervisor: | |
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| From To | | | |

IF YOU NEED ADDITIONAL SPACE PLEASE ATTACH A SEPARATE SHEET.

REFERENCES:

List 2 people not related to you who have known you for over one year.

| Name | Address | Business | Years Acquainted |
|------|---------|----------|------------------|
| 1. | | | |
| 2. | | | |

EMERGENCY: In case of emergency, please notify:

Name: _____ Telephone Number: _____

Address: _____

EMPLOYMENT LIMITATIONS:

Is there any circumstances or physical condition which might limit your ability to perform the job applied for?

YES NO

If yes, please explain: _____

JOB DESCRIPTION & DUTIES:

Have you been given a job description or had the requirements of the position explained to you?

YES NO

Do you understand these requirements?

YES NO

Can you perform the requirements of this job with or without accommodation?

YES NO

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in my dismissal. I authorize TMCEC to make an investigation of any of the facts set forth in this application.

I authorize my previous employers, schools, or persons named as references to give any information regarding employment or educational record. I agree that TMCEC and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application. In the event of my employment with TMCEC, I will comply with all rules and regulations as set forth in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment.

I understand that employment at TMCEC is "at will," which means that either I or TMCEC can terminate my employment relationship at any time, with or without prior notice, and for any reason not prohibited by law. All employment is continued on this basis. I understand that no supervisor, manager, executive or employee of TMCEC, other than the Board of Directors, has any authority to alter the forgoing.

Applicant's Signature: _____

Date: _____

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