



CAPITAL AREA COUNCIL OF GOVERNMENTS -- An Equal Opportunity/Affirmative Action Employer
6800 Burleson Rd., Bldg. 310, Ste. 165, Austin, Texas 78744
V: 512.916.6000 F: 512.916.6001

Please print neatly in ink or complete application in Adobe Reader (**application requires a hand written signature**). If you require additional space to answer a question, attach letter size sheets to form. Enter information in all fields or N/A (not applicable) if appropriate. If you need assistance in completing this application or during any phase of the application, interview, or employment process, please notify the contact person for the position or the HR Coordinator and every reasonable effort will be made to accommodate your needs in a timely manner. Additional testing of job-related skills may be required prior to offer of employment. Accommodation is reasonable if it does not impose an undue hardship to CAPCOG and does not create a direct threat to the health and safety of yourself or others. **All fields must be completed. An incomplete application will nullify your application for employment at the Capital Area Council of Governments. This document will not save information entered into the fields without software other than Adobe Reader.**

PERSONAL DATA

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Initial	<input type="text"/>
Street, RFD, or PO Box	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Email Address	<input type="text"/>	Phone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position Applied for	<input type="text"/>				
When can you report for work?	<input type="text"/>				
Check each type of work you will accept: <u>Regular:</u> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <u>Temporary:</u> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time					
Have you completed an application for CAPCOG previously?	<input type="text"/>	Date (YYYY-MM-DD)	<input type="text"/>		
Have you previously been employed by CAPCOG?	<input type="text"/>	Date (YYYY-MM-DD)	<input type="text"/>		
Are you or your spouse related to a governing body member or CAPCOG employee?	<input type="text"/>				
Minimum acceptable salary per year:	<input type="text"/>				

EDUCATION AND TRAINING

Schools Attended	Location of Schools	Degree / Field	Degree Received
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SKILLS: Do you have skills in any of the following areas?

☐ Personal Computer ☐ Multi-line Telephone Copier ☐

☐ Computer Software/Hardware (specify)

List certifications;
training; other skills;
other machines;
processes.

EMPLOYMENT EXPERIENCE: List all positions held. Start with your current or most recent assignment and work backward. If there are more employers than space provided, please indicate them on an attached sheet. All employers, except current employer if so limited before offer, may be contacted for reference information before an offer is made. All employers may be contacted after an offer is made.

Can an inquiry be made of current employer before an offer is given? ☐ Yes ☐ No

CURRENT EMPLOYER

Employer	<input type="text"/>	Dates: From	<input type="text"/>	To:	<input type="text"/>
Address	<input type="text"/>	<div>Job Duties</div>			
Job Title:	<input type="text"/>				
Supervisor	<input type="text"/>				
Reason for Leaving	<input type="text"/>	Starting Salary	<input type="text"/>	Ending Salary	<input type="text"/>

PREVIOUS EMPLOYERS

Employer	<input type="text"/>	Dates: From	<input type="text"/>	To:	<input type="text"/>
Address	<input type="text"/>	<div>Job Duties</div>			
Job Title:	<input type="text"/>				
Supervisor	<input type="text"/>				
Reason for Leaving	<input type="text"/>	Starting Salary	<input type="text"/>	Ending Salary	<input type="text"/>

Employer	<input type="text"/>	Dates: From	<input type="text"/>	To:	<input type="text"/>
Address	<input type="text"/>	<div>Job Duties</div>			
Job Title:	<input type="text"/>				
Supervisor	<input type="text"/>				
Reason for Leaving	<input type="text"/>	Starting Salary	<input type="text"/>	Ending Salary	<input type="text"/>

Employer	<input type="text"/>	Dates: From	<input type="text"/>	To:	<input type="text"/>
Address	<input type="text"/>	<div>Job Duties</div>			
Job Title:	<input type="text"/>				
Supervisor	<input type="text"/>				
Reason for Leaving	<input type="text"/>	Starting Salary	<input type="text"/>	Ending Salary	<input type="text"/>

ADDITIONAL INFORMATION

Have you ever been convicted of a crime or been subject of deferred adjudication? ☐ Yes ☐ No

If yes, please explain on an attached sheet. You may omit convictions for minor traffic violations unless the position for which you are applying requires the operation of a motor vehicle. Conviction will not result in your automatic disqualification for employment. The seriousness of the crime, the date of conviction, and the relevance of the crime to this position will be considered.

Do you have a current driver's license? ☐ Yes ☐ No ☐ Not Required by Job Description

I first learned of the position through: ☐ CAPCOG Website ☐ Newspaper ☐ University Website ☐ TML ☐ TARC/NARC

☐ Professional Publication/Website ☐ Texas Workforce ☐ Craig's List ☐ Other

REFERENCES: List three persons not related to you who are qualified to describe your capabilities for the position you seek.

NAME	ADDRESS	PHONE	OCCUPATION/RELATIONSHIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CERTIFICATION

- I **certify** that all the information I provided in connection with this application, whether provided on this document or not, is true, complete, and correct to the best of my knowledge. I understand that the information will be used to evaluate my application for employment, and that if I **knowingly** supply incorrect, incomplete, or misleading information on the application or during the interview process I will not be hired or, if hired, that I will be subject to immediate dismissal.
- I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S. within three (3) business days of hire.
- I acknowledge I have read a Job Description for each position for which I have applied. ☐ Yes ☐ No
 - Do you understand the requirements written in the description(s)? ☐ Yes ☐ No
 - Can you perform the essential requirements of this job? ☐ Yes ☐ No
- I authorize each of my former employers named in this application, except my current employer until after an offer is made if so limited on this application, to furnish CAPCOG with all of my employment records and any other work related information regarding my qualifications and fitness for the specified position. I also authorize CAPCOG to inquire into all statements I have made on this application. I release all such parties from all liability from any damages that may result from furnishing such information to CAPCOG. A photocopy or facsimile of this authorization is as valid as the original and may be used as authorization for release from past employers.
- I understand CAPCOG will conduct a background check with a third party as allowed within FTC guidelines.
- I understand that if hired I consent to the search, retrieval, and disclosure at any time by the Executive Director, or person assigned by the Executive Director, of the CAPCOG electronic communications equipment I use in accordance with *CAPCOG Personnel Policies*.
- I understand that if hired I will be employed at-will by CAPCOG, within the provisions of state and federal law regarding public employment, and that I may be dismissed from CAPCOG employment at any time, with or without notice, for any reason or no reason not prohibited by law. I understand this application does not constitute a contract of employment.

BY ENTERING MY NAME BELOW, I certify that I have read and agree with these statements.

Enter name to certify and verify your identity.

Date

CAPCOG

Applicant EEO Reporting Form

Capital Area Council of Governments (CAPCOG) is required to maintain certain governmental record keeping and reporting requirements for the administration of grants. In order to comply with these requirements, CAPCOG invites applicants to voluntarily, self-identify their race or ethnicity, gender, and veteran status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment in consideration of employment. The information obtained will be separated from the application before the application is sent to the hiring supervisors. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for grant administration. When reported, data will not identify any specific individual. Information provided is kept separate from individual personnel files and is not used in the determination of salary, promotion/demotion, employment, or termination.

Please check all boxes that apply.

- ☐ **Hispanic or Latino** -- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race
- ☐ **White (Not Hispanic or Latino)** -- A person having origins in any of the original people of Europe, North Africa, or the Middle East
- ☐ **Black or African American (Not Hispanic or Latino)** -- A person having origins in any of the black racial groups of Africa
- ☐ **Asian** -- A person having origins in any of the original peoples of the Far east, Southeast Asia, or the Indian Subcontinent. This area includes, for example, China, Japan, Korea, Cambodia, the Philippine Islands, and Vietnam
- ☐ **Native Hawaiian or Pacific Islander** -- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands
- ☐ **American Indian or Alaska Native (Not Hispanic or Latino)** -- A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community attachment

Gender: ☐ Female ☐ Male

Veteran of any division of the U.S. armed services: ☐ Yes ☐ No

Position Applied for is:

Date

Submit your application by clicking on the "Submit by E-mail" button.

An e-mail message window will open asking you to chose which e-mail application you wish to use.

ATTACH ALL DOCUMENTS you want to send (such as cover letter, resume, work example, etc.) with the application to the e-mail.