



Application for Employment

“An Equal Opportunity Employer”
 You may have a copy of this application upon request.

Please inform the Human Resources Representative if you require assistance to complete the application process.

						Date:
Last Name		First Name		Middle Name		
Social Security Number		Home Phone Number		Day Phone Number		
Address	Number	Street	City	State	ZIP Code	
Previous Address	Number	Street	City	State	ZIP Code	
How did you find out about this job opening?						
Have you ever been employed with a retirement or Pension system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where, when, what positions and for how long?						
Are you authorized to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you need a work permit to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes” do you possess a valid work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you ever used another name for work or school? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, name(s): _____						
Complete if applying for a position which will require you to operate your personal vehicle or a rental vehicle.						
1. Do you have a valid driver’s license? Yes <input type="checkbox"/> No <input type="checkbox"/> License No. _____ State _____ Exp. Date _____						
2. Have you ever been involved in any motor vehicle accidents while driving the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No						
3. Do you have any restrictions on your driver’s license at present? <input type="checkbox"/> Yes <input type="checkbox"/> No						
4. Have you ever been convicted of any moving violations during the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No						
5. Have you ever been employed by a TMRS City? <input type="checkbox"/> Yes <input type="checkbox"/> No						
6. Are you related to or do you know any employee currently working at TMRS? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If you answered “Yes,” to questions (2) through (6), please explain in appropriate detail.						

Educational Background

School	Name and location of School	Major	Grades/Years Completed	Did you Graduate?	Degree or Credits Received
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
College/ University			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/ University			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational or Business School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Studies					

WORK BACKGROUND

List below all current and former employers, beginning with the most recent. Account for all periods of time between jobs. Attach a separate sheet if necessary.

Resumes will not substitute for completing this section.

Most Recent or Current Job Title:	Date Employed – Month and Year
Employer: _____ Type of Business: _____	From: _____ To: _____
Address: _____	Monthly Salary
Name and Title of Immediate Supervisor: _____	Start: _____ End: _____
Description of Duties: _____	No. of people you supervised: _____
Reason for Leaving: _____	Supervisor's phone number: _____
Account for periods between jobs: _____	May we contact your Supervisor for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Job Title:	Date Employed – Month and Year
Employer: _____ Type of Business: _____	From: _____ To: _____
Address: _____	Monthly Salary
Name and Title of Immediate Supervisor: _____	Start: _____ End: _____
Description of Duties: _____	No. of people you supervised: _____
Reason for Leaving: _____	Supervisor's phone number: _____
Account for periods between jobs: _____	May we contact your Supervisor for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Job Title:	Date Employed – Month and Year
Employer: _____ Type of Business: _____	From: _____ To: _____
Address: _____	Monthly Salary
Name and Title of Immediate Supervisor: _____	Start: _____ End: _____
Description of Duties: _____	No. of people you supervised: _____
Reason for Leaving: _____	Supervisor's phone number: _____
Account for periods between jobs: _____	May we contact your Supervisor for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Job Title:	Date Employed – Month and Year
Employer: _____ Type of Business: _____	From: _____ To: _____
Address: _____	Monthly Salary
Name and Title of Immediate Supervisor: _____	Start: _____ End: _____
Description of Duties: _____	No. of people you supervised: _____
Reason for Leaving: _____	Supervisor's phone number: _____
Account for periods between jobs: _____	May we contact your Supervisor for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Job Title:	Date Employed – Month and Year
Employer: _____ Type of Business: _____	From: _____ To: _____
Address: _____	Monthly Salary
Name and Title of Immediate Supervisor: _____	Start: _____ End: _____
Description of Duties: _____	No. of people you supervised: _____
Reason for Leaving: _____	Supervisor's phone number: _____
Account for periods between jobs: _____	May we contact your Supervisor for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any special training/skills/qualifications/awards, related to the job you are applying for:	

REFERENCES:

List the names, addresses, phone numbers, and relationship of three business associates, not your family and not previous supervisors, who are familiar with your qualifications/work history.

Name	Address	Phone	Relationship

Have you ever been convicted of a felony or subject to deferred adjudication on a felony charge? Yes No
 If "Yes," give details, including when, where, and disposition of charge. (Such a conviction may not disqualify you for the position for which you are applying, but a false statement will).

Comments (career objectives, special abilities or training, any other information you feel may be helpful in considering your application).

TMRS CONSIDERS APPLICANTS FOR POSITIONS WITHOUT REGARD TO RACE, RELIGION, CREED, COLOR, SEX, NATIONAL ORIGIN, ANCESTRY, AGE, DISABILITY, OR OTHER BASES PROTECTED BY LAW.

Please Read and Complete the Following

I understand that all information contained within the application, attachments, or submitted documents are subject to verification. I understand that a background investigation may be completed and that continued employment and/or future employment-related decisions may be contingent upon information received by TMRS in a consumer report, investigative consumer report, and/or other background report. I further understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

Initial

We hire only those individuals who have a legal right to work in the United States. If you are offered employment with us you will be required to provide us with acceptable proof of your right to work and to attest to this under penalty of perjury. _____
Initial

If employed, I agree to abide by the Company's policies and procedures. Furthermore, I understand that this is not a contract of employment, that I will not be employed for any specific period of time and that I may resign at any time, and that the Company may terminate my employment at any time, with or without cause and with or without notice and that any assurance of continued employment whether written, oral, or by conduct, shall not be interpreted as changing the "at-will" nature of my employment relationship with TMRS.

Initial

Signature of Applicant

Date

TMRS Human Resources
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 PO Box 149153
 Austin, Texas 78714-9153

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 Fax (512) 225-3792