



1100 N Stanton, Suite 610, El Paso, Texas 79902
Phone: (915) 533-0998 Fax: (915) 532-9385

APPLICATION FOR EMPLOYMENT

Date: _____

This application will be valid for the position applied for and retained for up to 1 year.

Write information WITHIN EACH BLOCK, not above or below.

Position for Which Applying:
Name:
(Last) (First) (Middle)
Address:
(Number) (Street) (City) (State) (Zip)

Phone:	Driver's Lic. or State Issued ID No.:	Social Security Number:
Home:		
Business:		
E-Mail:		

Will you accept (Please Check)

Permanent Full Time

Part Time

Temporary

AFFIRMATIVE ACTION EMPLOYER

Under the laws of the State of Texas, you can be dismissed at any time and for any reason at the employer's discretion.

Write information WITHIN EACH BLOCK, not above or below.

Read Fully And Answer All Items	Yes	No
1 Have you ever been dismissed or asked to resign from any job? If yes, explain in remarks.		
2 Have you ever been convicted of any law violations or traffic citations? If yes, explain in remarks.		
3 Have you ever serviced in the armed forces? If yes, give type of discharge, branch, service number, and active duty dates in remarks. If still active, give present draft classification in remarks.		
4 May we contact your last employer regarding your qualifications, character, etc.?		
5 Are you related by kinship or marriage to anyone currently employed by RGCOG or anyone currently serving on the RGCOG Board of Directors?		
REMARKS (Use to explain above items. Also show any licenses, memberships in organizations, or professional groups, etc., related to position for which applying.		

Education: Circle last grade completed 1 2 3 4 5 6 7 8 9 10 11 12	Name and location of last GRADE or HIGH SCHOOL attended:	Date left: _____ (YR.)
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HIGH SCHOOL DIPLOMA	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CERTIFICATE OF EQUIVILANCY	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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BUSINESS OR TRADE SCHOOL ATTENDED NAME AND LOCATION	DATES OF ATTENDANCE FROM TO	DIPLOMA OR CERTIFICATES AWARDED	COURSE OF STUDY

COLLEGE ATTENDANCE

COLLEGE OR UNIVERSITY NAME AND LOCATION	DATES OF ATTENDANCE FROM TO	NO. OF SEM. OR QTR. HRS. COMPLETED	TYPE OF DEGREE EARNED

ADVANCED DEGREE OR GRADUATE SCHOOL

COLLEGE OR UNIVERSITY NAME AND LOCATION	DATES OF ATTENDANCE FROM TO	NO. OF SEM. OR QTR. HRS. COMPLETED	TYPE OF DEGREE EARNED

EMPLOYMENT RECORD

Start with your most recent qualifying job. Use a separate block for each job. List experiences which would qualify you for this position. If you need more space, use additional paper. (A complete resume will substitute for this section).

Employer		Job Title
Address		Your Duties
City and State		
Your Supervisor		His/Her Title
Period of Employment	to	Total Time: Years Months
Reason for Leaving		
Employer		Job Title
Address		Your Duties
City and State		
Your Supervisor		His/Her Title
Period of Employment	to	Total Time: Years Months
Reason for Leaving		
Employer		Job Title
Address		Your Duties
City and State		
Your Supervisor		His/Her Title
Period of Employment	to	Total Time: Years Months
Reason for Leaving		
Employer		Job Title
Address		Your Duties
City and State		
Your Supervisor		His/Her Title
Period of Employment	to	Total Time: Years Months
Reason for Leaving		
Employer		Job Title
Address		Your Duties
City and State		
Your Supervisor		His/Her Title
Period of Employment	to	Total Time: Years Months
Reason for Leaving		

PERSONAL REFERENCES

List the name, title and address of three persons with knowledge of your character, experience, and ability.

Do not list relatives.

FULL NAME	PRESENT ADDRESS/PHONE/ E-MAIL	OCCUPATION/RELATIONSHIP TO APPLICANT

