

Support Staff



**Region 14
Education
Service
Center**

*An Equal Opportunity Employer
(Please Print or Type)*

1850 Highway 351, Abilene, Texas 79601

Date _____

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City, State, Zip)

Home Telephone _____ Business Telephone _____

Social Security Number _____

Hours available for work _____ Seeking: Full-time Part-time

EDUCATION

SCHOOL	NAME	LOCATION (City & State)	DATES Attended	DIPLOMA or DEGREE
Last High School Attended				
* Colleges or Universities				
Business or Trade				
Other				

* If you did not receive a degree, indicate the number of college hours attained: _____ Hours
Please attach your college transcript with this application.

FOR SECRETARIAL/CLERICAL APPLICANTS:

Do you type? YES NO Number of years experience _____

How many words per minute do you type? _____

Can you take shorthand? YES NO Number of years experience _____

Number of words per minute? _____

Do you operate any type of computer? YES NO Type(s) _____

Number of years experience? _____

List word processing, spread sheet software you have used and indicate the number of years experience with each:

Other Special Skills: _____

EXPERIENCE

Please provide your employment history beginning with most recent.

Company Name:	Telephone:
Address:	Employment Dates From: To:
State Your Job Title and Describe Your Work:	Name of Supervisor:
	For the period of time From: To:
	Reason for Leaving:

Company Name:	Telephone:
Address:	Employment Dates From: To:
State Your Job Title and Describe Your Work:	Name of Supervisor:
	For the period of time From: To:
	Reason for Leaving:

Company Name:	Telephone:
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Address:	Employment Dates From: To:
State Your Job Title and Describe Your Work:	Name of Supervisor:
	For the period of time From: To:
	Reason for Leaving:

Company Name:	Telephone:
Address:	Employment Dates From: To:
State Your Job Title and Describe Your Work:	Name of Supervisor:
	For the period of time From: To:
	Reason for Leaving:

REFERENCES

FULL NAME OF REFERENCE	POSITION	PHONE DAY	PHONE NIGHT

If you have a relative who works for Region 14 ESC or who serves as a member of the Board of Directors, please give his/her name: _____

PERSONAL STATEMENT

Please make a statement in your own handwriting concerning your reasons for desiring a position with the Region 14 Education Service Center.

***** This application will remain on file for one year from the date of application only; it must be renewed if further consideration for a position is desired.**

I hereby certify that the foregoing statements as well as those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are given of my own free will. I agree that any misstatements(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from employment. My application will be retained in the active file for one year and may be reactivated by sending a written request to the Personal Division before the end of the one year period. I also understand that if employed I will serve an initial probationary period.

Applicant's Signature

Date