



# THE STATE SECURITIES BOARD

## Supplement to Application for Employment

**PRINT IN BLACK INK OR TYPE.** These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank. Be sure to sign below.**

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

List any other names used if different from name on this application: \_\_\_\_\_

Do you have any relatives working for this agency? If so, list names and relationships: \_\_\_\_\_

Date available for work: \_\_\_\_\_ Are you at least 17 years of age? Yes  No

Are you willing to work hours other than 8-5? Yes  No  What days are you unable to work? \_\_\_\_\_

Current Driver's License Number: \_\_\_\_\_  
(State Issued) (Number)

Have you ever been employed by the State of Texas? Yes  No  Are you currently employed by the State of Texas? Yes  No

If you have been previously employed by the State of Texas, including any higher education institutions, please list the agency/agencies/institutions: \_\_\_\_\_

**Have you ever been convicted, subject to deferred adjudication, subject to a deferred prosecution agreement, sentenced to a term of community supervision, or charged by indictment or information for any crime (felony or misdemeanor) other than a traffic offense?** Yes \*   
 No

Signature: \_\_\_\_\_

**\* NOTE: If your answer is "Yes," explain in detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A criminal action taken against you will not necessarily disqualify you from consideration for a position with the Agency but a false or misleading statement regarding the action will.**

**Criminal background checks are made on applicants prior to interviews.**

**EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)**

High School Graduate or GED? Yes  No

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From Mo	From Yr	To Mo	To Yr					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical or Vocational Schools										

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date Issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

**Describe how you meet the minimum qualifications for the posted position:**

**Describe how you meet any of the preferred qualifications, skills, and abilities for the posted position:**

## EMPLOYMENT HISTORY (REQUIRED)

This information will be the official record of your employment history covering the most recent ten (10) years and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment, covering the most recent ten (10) years. Begin with your current or last position and work back.  
Employment history should include **each position** held, even those with the same employer. Include self-employment or other activities during this time. **Do not leave gaps.**
2. Employer location should reflect the physical location of the position, not the employer's headquarters address, if different.
3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you have held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Position Title:	Starting Date		Leaving Date	
Employer Name:	MM	YY	MM	YY
City/State:				
Employer Phone: (    )	If supervisory position, number of employees you supervised:			
Full-Time <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp/Project <input type="checkbox"/>				
Give average number of hours worked per week if part-time:				
<b>Primary Duties and Responsibilities:</b>				
<b>Specific reason for leaving:</b>				

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Employer Name:	MM	YY	MM	YY
City/State:				
Employer Phone: (    )	If supervisory position, number of employees you supervised:			
Full-Time <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp/Project <input type="checkbox"/>				
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