

# Permian Basin Regional Planning Commission

Midland International Space & Air Port - P.O. Box 60660 - Midland, Texas 79711-0660 – 432-563-1061 - fax 432-563-1728

## Application For Employment

INSTRUCTIONS: Applicants are urged to carefully consider each question. All appropriate blanks must be completed accurately by PRINTING or typing. All information is subject to verification. The PBRPC is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services. This application becomes public record and is subject to disclosure.

|                            |                   |
|----------------------------|-------------------|
| NAME (First, Middle, Last) | Social Security # |
|                            |                   |

|   |                                  |   |
|---|----------------------------------|---|
| Present Mailing Address<br>(include zip code) | Home Phone<br>(Area Code First)  | Any relative(s) currently working<br>for PBRPC? |
|   |                                  | Yes                  No                         |
|   | Other Phone<br>(Area Code First) |   |
|   |                                  |   |

|                       |                              |                    |
|-----------------------|------------------------------|--------------------|
| Position Applied For: | Date Available To Begin Work | Driver's License # |
|                       |                              |                    |

### **EDUCATION**

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

PLEASE CHECK HIGHEST GRADE COMPLETED

|   |   |   |   |   |   |   |   |   |    |    |    |
|---|---|---|---|---|---|---|---|---|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|----|----|----|

Did you Graduate/Achieve GED?    Yes \_\_\_\_\_    No \_\_\_\_\_

| Type of School                                   | Name and Location of School | Dates Attended<br>From    To<br>Mo./Yr. Mo./Yr. | Sem./Clock<br>Hours<br>Completed | Graduated<br>Yes/No | Expected<br>Graduation<br>Date | Type of<br>Diploma or<br>Degree | Major/Minor<br>Field of Study |
|--|-----------------------------|---|----------------------------------|---------------------|--------------------------------|---------------------------------|-------------------------------|
| Undergraduate<br>Colleges or<br>Universities     |                             |   |                                  |                     |                                |                                 |                               |
|  |                             |   |                                  |                     |                                |                                 |                               |
|  |                             |   |                                  |                     |                                |                                 |                               |
| Graduate Schools                                 |                             |   |                                  |                     |                                |                                 |                               |
|  |                             |   |                                  |                     |                                |                                 |                               |
|  |                             |   |                                  |                     |                                |                                 |                               |
| Technical,<br>Vocational, or<br>Business Schools |                             |   |                                  |                     |                                |                                 |                               |
|  |                             |   |                                  |                     |                                |                                 |                               |
|  |                             |   |                                  |                     |                                |                                 |                               |

|  |
|--|
| <b>SPECIAL QUALIFICATIONS AND SKILLS:</b> List qualifications and skills you possess or activities you have participated in which may relate to the position for which you are applying – including additional training, trade schools, ability to operate specialized equipment, professional registration, special licenses, as well as related extracurricular or civic activities. |
|  |
|  |
|  |

|   |     |    |
|---|-----|----|
| Do you speak a language other than English? | YES | NO |
| If “Yes”, what language do you speak?       |     |    |

|   |     |    |
|---|-----|----|
| Have you been fired or asked to resign from a job within the last five years? | YES | NO |
| If “yes”, please explain:   |     |    |
|   |     |    |
|   |     |    |

|  |     |    |
|--|-----|----|
| <b>MILITARY SERVICE?</b>                                       | YES | NO |
| If “yes,” list branch of Military Service.                     |     |    |
| Dates: FROM: TO:   |     |    |
| Are you currently serving in Active Reserve or National Guard? | YES | NO |

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge?

YES \_\_\_\_\_ NO \_\_\_\_\_

If your answer is “Yes”, explain in concise 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 conviction may not disqualify you, but a false statement will. Note: PBRPC may require additional information related to convictions of misdemeanors.

## REFERENCES

List the names of FIVE persons with knowledge of your character, experience and ability. Include at least two (2) persons who have been associated with you in a supervisory capacity.

| NAME | OCCUPATION | ADDRESS | TELEPHONE |
|------|------------|---------|-----------|
|      |            |         |           |
|      |            |         |           |
|      |            |         |           |
|      |            |         |           |
|      |            |         |           |

## EMPLOYMENT HISTORY

|                                |                                    |                             |
|--------------------------------|------------------------------------|-----------------------------|
| Employer – Type of Business    | Mailing Address (include zip code) | Phone (include area code)   |
|                                |                                    |                             |
| Dates of Employment            | Position Title                     | Supervisor’s Name and Title |
| From:                      To: |                                    |                             |
| Beginning Salary               | Ending Salary                      | Reason for Leaving          |
|                                |                                    |                             |

|                                |                                    |                             |
|--------------------------------|------------------------------------|-----------------------------|
| Employer – Type of Business    | Mailing Address (include zip code) | Phone (include area code)   |
|                                |                                    |                             |
| Dates of Employment            | Position Title                     | Supervisor’s Name and Title |
| From:                      To: |                                    |                             |
| Beginning Salary               | Ending Salary                      | Reason for Leaving          |
|                                |                                    |                             |

|                                |                                    |                             |
|--------------------------------|------------------------------------|-----------------------------|
| Employer – Type of Business    | Mailing Address (include zip code) | Phone (include area code)   |
|                                |                                    |                             |
| Dates of Employment            | Position Title                     | Supervisor’s Name and Title |
| From:                      To: |                                    |                             |
| Beginning Salary               | Ending Salary                      | Reason for Leaving          |
|                                |                                    |                             |

|                                |                                    |                             |
|--------------------------------|------------------------------------|-----------------------------|
| Employer – Type of Business    | Mailing Address (include zip code) | Phone (include area code)   |
|                                |                                    |                             |
| Dates of Employment            | Position Title                     | Supervisor’s Name and Title |
| From:                      To: |                                    |                             |
| Beginning Salary               | Ending Salary                      | Reason for Leaving          |
|                                |                                    |                             |

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.
3. I understand this agency may check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with applicable statutes.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
5. I understand that the State of Texas requires all males who are 18 through 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.
6. I understand that disclosure of my Social Security Number (SSN) is optional. PBRPC may use the SSN for administrative tracking purposes and for identification of individuals. This is in accordance with the Federal Law U.S.C. 552a Section 7(b).

**THIS APPLICATION MUST BE SIGNED**

SIGN HERE: \_\_\_\_\_

SIGNATURE – APPLICANT

DATE: \_\_\_\_\_

**RETURN THIS COMPLETED AND SIGNED APPLICATION TO :  
PERSONNEL OFFICE  
PERMIAN BASIN REGIONAL PLANNING COMMISSION  
P.O. BOX 60660  
MIDLAND, TX 79711-0660**