



COSTEPSM
College...
just a COSTEP away

Council for South Texas Economic Progress (COSTEP)
2540 W. Trenton Road - Edinburg, Texas 78539
Office of Human Resources (956) 971-3323

REQUIRED:

- 1 Have you ever had / do you have a Student Loan? Yes No
- 2 If yes, have you ever been delinquent in making a payment on your student loan by more than 60 days? Yes No
- 3 Are you legally eligible for employment in this country? Yes No

If you answered "YES" to question 2 and "NO" to question 3 PLEASE DO NOT CONTINUE WITH THIS APPLICATION. Contact Human Resources at 956.682.6371.

APPLICATION FOR EMPLOYMENT

				Date of Application	_____
Name	_____				
	Last	First		Middle	
Address	_____				
	Street	Apt No.	City	State, Zip Code	
Other Information	_____				
	Soc. Sec. No.	Home Phone	Cell Phone	Email Address	

POSITION(S) APPLIED FOR			Salary Desired		
Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> COSTEP Employee <input type="checkbox"/> Employment Agency <input type="checkbox"/> TX Work Force Comm					
<input type="checkbox"/> Friend <input type="checkbox"/> Other					
Type of employment desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Internship					
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you available to work overtime if required <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours per week? _____					
Are you available to work weekends if required <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you applied at COSTEP before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date and : _____					
Submitted by <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Walk-in					
Will you travel? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to what extent (i.e. number of days of week per month etc.) _____					
You may be required to drive for COSTEP; therefore, we request that you provide the following information: State _____					
Driver's License No _____			Driving violations (past 5 yrs) _____		
Date you will be available to begin work if offered a position: _____					
Please list names of any persons you know who work for COSTEP: _____					

EDUCATION: Elementary or high school grade completed (circle) 1 2 3 4 5 6 7 8 9 10 11 12

Name of High School _____ Did you achieve your GED? Yes No

TRANSCRIPTS MAY BE REQUIRED FOR VERIFICATION OF HIGH SCHOOL COMPLETION AND ARE REQUIRED FOR ALL POST SECONDARY EDUCATION

Type of School	Name and Location of School	Hours Completed	Graduated		Expected Grad Date	Diploma/ Degree	Major/Minor Field of Study
			Yes	No			
Graduate School (s)			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
Colleges or Universities			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
Technical Vocational, or Business Schools			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			

CURRENT LICENSES / CERTIFICATION / REGISTRATION (Indicate types and dates received)

SPECIAL ABILITIES, SKILLS, OR KNOWLEDGE

Be specific in listing all special skills you possess and machines or office equipment you use such as printers, calculators, graphic equipment, programming language, etc.

Computer Languages Other (please list) _____

Desktop Publishing _____

Keyboard, Calculator _____

Microsoft Access _____

Microsoft Excel _____

Microsoft Power Point _____

Microsoft Word _____

Word Perfect _____

MILITARY SERVICE

Are you a Veteran of U.S. Military Service? Yes No

If yes, what was your Branch of Service? _____

Technical Training Received: _____

Are you a member of the ready/active U.S. Military Reserve / National Guard, etc? Yes No

Branch: _____

MEMBERSHIP IN PROFESSIONAL AND / OR CIVIC ORGANIZATIONS

(You may exclude those which disclose your race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap)

EMPLOYMENT BACKGROUND

Please give complete and accurate information concerning any current or previous full-time and part-time employment. Start with your present or most recent employer.

1. Name and address of company and type of business	Employment Dates	Pay Rate	Job Title
	Summarize the type of work performed and job responsibilities		
Supervisor			
Telephone No.			
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Reason for Leaving			

2. Name and address of company and type of business	Employment Dates	Pay Rate	Job Title
	Summarize the type of work performed and job responsibilities		
Supervisor			
Telephone No.			
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Reason for Leaving			

3. Name and address of company and type of business	Employment Dates	Pay Rate	Job Title
	Summarize the type of work performed and job responsibilities		
Supervisor			
Telephone No.			
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Reason for Leaving			

4. Name and address of company and type of business	Employment Dates	Pay Rate	Job Title
	Summarize the type of work performed and job responsibilities		
Supervisor			
Telephone No.			
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Reason for Leaving			

5. Name and address of company and type of business	Employment Dates	Pay Rate	Job Title
	Summarize the type of work performed and job responsibilities		
Supervisor			
Telephone No.			
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Reason for Leaving			

PLEASE ACCOUNT FOR PERIODS OF UNEMPLOYMENT

REFERENCE

Give **name, address, and phone number** of three references; **not** related to you and which are **not** former employers.

Name	Address	Phone

Have you been convicted of an offense (other than a misdemeanor) which was a felony offense within the last 7 years?

No Yes If yes, explain:

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PLEASE ANSWER THE FOLLOWING QUESTIONS

What was the best job you've ever had? Why did you like it so much?

What was your least favorite job? What did you NOT like about it?

Who was the best supervisor/manger you've had? What characteristics made that person a good manager?

Who was the worst supervisor/manger you've had? What characteristics made that person a poor manager?

What are your greatest strengths?

As your skills and abilities relate to your work experience, what are the areas of improvement?

What traits or characteristics do you most admire in co-workers?

What traits or characteristics do you most dislike in co-workers?

If you won five million dollars in the lottery, would you choose to work? What would you do with your time?

What was the funniest thing that ever happened to you at work?

What do you think is the most difficult part of sales/customer service work?

Imagine you have been on your feet and working hard all day. A customer has a crisis that requires extra effort. What do you do?

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application, (including the attachments) or interview(s), or failure to abide by all personal policies, work related rules and regulations of the Council for south Texas Economic Progress may result in my discharge.

I further understand and agree that, in the event of employment, my employment with COSTEP is entered into voluntarily and that I may resign at any time. Similarly, in the event of employment, my employment may be terminated for any reason, or no reason at all, and at any time without previous notice.

I understand that this application remains current for ONLY 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

Signature of Applicant

Date

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, medical condition or handicap.

CERTIFICATION OF COMPLIANCE WITH THE COSTEP NEPOTISM POLICY

JOB APPLICANT CERTIFICATION

I understand that being "related" to another person for purposes of giving the following certification means and includes the following relationship: husband, wife, brother, sister, father, mother, son, daughter, uncle, aunt, nephew, niece or cousin, including "step" or "half" relationships such as step-brother, half-sister, etc., "in-law" relationship such as brother-in-law, sister-in-law, etc., and "grand" relationship such as grandson, granddaughter, etc.

I have reviewed the attached list of COSTEP employees which sets out their names and employing departments and do hereby certify that I am not "related" to any employee on such list, as that term is defined above: Who would: (a) be my supervisor, (b) be supervised by me or (c) be supervised by the same person as would I, if I were to be employed by COSTEP.

Signature of Applicant

Date

CERTIFICATION OF EMPLOYING SUPERVISOR

I hereby certify that: (1) I have informed the prospective employee whose name appears above about COSTEP's nepotism policy, (2) that I am not "related" to said prospective employee as such term is defined herein, and (3) that the applicant if employed by COSTEP, will not to my knowledge, supervise or be supervised by a "related" person or work with a "related" person under the same supervisor, as such term is defined above.

Signed _____

Date _____

Title _____

Department _____

Received by COSTEP Human Resource Department

By _____

Date _____