



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: _____			

