



Dear Applicant for Employment:

We are pleased that you have submitted an application for our current job opening. It is our desire to attract, employ and retain the best persons possible as staff. The following process will be used in selecting staff:

1. Applications should be completed and signed then submitted via:
  - a. mail (500 Chestnut, Suite 1200, Abilene, TX 79602),
  - b. fax (325-795-4300), or
  - c. email ([apply@workforcesystem.org](mailto:apply@workforcesystem.org))
2. Applications will be reviewed carefully and evaluated using a rating form. **Please do not submit a resume, cover letter, references or Statistical Data Form with your application. Statistical Data Forms must be submitted separately to: [sdsform@workforcesystem.org](mailto:sdsform@workforcesystem.org)**
3. The most suitable applicants will be contacted and scheduled for an interview.
4. Interviews will be held and appropriate tests, if any, administered.
5. Top applicant(s) will be selected and a second interview may be conducted.
6. The selected applicant will be offered employment through written notification and asked to respond, in writing, to the job offer.

This process was established to ensure that each applicant is accorded an equal opportunity for consideration. All applicants will not be interviewed. Regardless of the outcome of the process, you will be notified in writing of the decision regarding your application. The Workforce Solutions of West Central Texas Board operates under our own personnel policies, procedures and compensation schedule; however, the Region XIV Education Service Center serves as the employer-of-record for the Workforce Solutions of West Central Texas Board staff.

Again, let me express our appreciation to you for your interest in the Board. Our process of careful consideration helps ensure that we continue to provide rewarding opportunities for suitable individuals.

Sincerely,

*Mary Ross*

Mary Ross, Executive Director

Workforce Solutions of West Central Texas Board

Equal Opportunity Employer/Program.

Auxiliary aids and services are available upon request to individuals with disabilities.

WORKFORCE SOLUTIONS OF WEST CENTRAL TEXAS BOARD  
500 Chestnut, Suite 1200  
Abilene, Texas 79602  
Fax: (325) 795-4300

**EMPLOYMENT APPLICATION**

INSTRUCTIONS: All applications for employment must be made on this form. Applicants are urged to consider carefully and understand fully each question, and having done so, to fill in all the blanks accurately by printing in ink or typing in your response. A computer-generated version of this application may be submitted as long as the format and order of information is the same. Neatness is important. All information submitted is subject to verification. A false or misleading response may result in disqualification. Use of a previously submitted application for another job opening with the Board may be accepted at the Board's discretion.

**APPLICANT INFORMATION**

1. Position applied for: \_\_\_\_\_
2. Name: \_\_\_\_\_  
(First) (Middle) (Last)
3. Address: \_\_\_\_\_  
(Street address) (City) (State) (Zip)
4. Phone Number: \_\_\_\_\_ (indicate if home, cell or work)
5. Email address: \_\_\_\_\_
6. Check all types of work you will accept:  
 permanent  full-time  requiring travel  periodic night/weekends  
 temporary  part-time  requiring relocation
7. When are you available to start work? \_\_\_\_\_

**EDUCATION**

8. Do you have a high school diploma or equivalent? Yes  No

9. If you have attended a College, University, or Technical School, complete the following:

<b>Name of school</b>	<b># of years attended (ex. "2")</b>	<b>Did you complete the program?</b>	<b>Area of study Major/Minor</b>	<b>Degree/Certificate earned</b>

**WORK EXPERIENCE**

Start with current or most recent job, including military service. Use additional sheets for work experience, if necessary.

## 10. Current/Most recent job:

Employer:			
Full address:			
Telephone:			
Supervisor's name:			
Your title:			
<u>Dates of employment</u>		To (mo/year):	
From (mo/year):			
Reason for leaving:			

Description of duties, responsibilities and accomplishments:

May inquiry be made of your current employer regarding your character, qualifications, and record of employment? YES  NO

11.

Employer:			
Full address:			
Telephone:			
Supervisor's name:			
Your title:			
<u>Dates of employment</u>		To (mo/year):	
From (mo/year):			
Reason for leaving:			

Description of duties, responsibilities and accomplishments:

May inquiry be made of this employer regarding your character, qualifications, and record of employment? YES  NO

12.

Employer:			
Full address:			
Telephone:			
Supervisor's name:			
Your title:			
<u>Dates of employment</u>		To (mo/year):	
From (mo/year):			
Reason for leaving:			

Description of duties, responsibilities and accomplishments:

May inquiry be made of this employer regarding your character, qualifications, and record of employment? YES  NO

13.

Employer:			
Full address:			
Telephone:			
Supervisor's name:			
Your title:			
<u>Dates of employment</u>		To (mo/year):	
From (mo/year):			
Reason for leaving:			

Description of duties, responsibilities and accomplishments:

May inquiry be made of this employer regarding your character, qualifications, and record of employment? YES  NO

***Please make copies of this page to submit additional work experience information.***

Equal Opportunity Employer/Program.  
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14. Additional Knowledge, Skills or Abilities: Please list any additional knowledge, skills or abilities you possess which you wish to have considered or which may be preferred or required in the job for which you are applying that have not been listed previously. For example: computer skills; ability to operate specialized equipment or machines, professional licensing, certification or registration; bi-lingual, specialized training, etc.

15. Volunteer Work / Community Involvement: Please describe any volunteer work and/or community involvement you have been engaged in recently.



**GENERAL**

**Please read the following statements carefully and respond by marking an “X” for the appropriate answer. If you answer “YES” to any of the following, please provide an explanation in the “Remarks or additional information” section.**

16. No employee of the Board shall have financial interests in the profits or any contract, service or other work performed by the Board, nor shall personally profit directly or indirectly from any contract, purchase, sale or service between the Board and any person or company. Is there any present or potential conflict of interest between you and any member of your family and the Board’s operations?  
**YES**                       **NO**
17. Have you been fired or asked to resign from a job within the last five years?  
**YES**                       **NO**
18. Have you ever been convicted of a crime in a civilian or military court? Do not include minor traffic violations. A criminal record will not necessarily disqualify you from employment. Your case will be considered in relation to the requirements of the job.  
**YES**                       **NO**
19. Have you ever been discharged from the armed forces under other than honorable conditions?  
**YES**                       **NO**
20. Are you now working or have you previously worked for CECT, Dynamic Works, Southwest Key Workforce Development, Arbor E&T/ResCare, Inc., SERCO, Policy Studies, Inc., the West Central Texas Council of Governments, Child Care Associates, People for Progress, Inc., the Texas Workforce Commission, the Texas Veteran’s Commission, or the Region XIV Education Service Center?  
**YES**                       **NO**
21. Do you or does your spouse have any relatives presently working for or serving as an officer/member of the Workforce Solutions of West Central Texas Board? Board policy and State/Federal law prohibit the hiring of relatives of employees, officers or members in certain circumstances.  
**YES**                       **NO**
22. Are you legally eligible to be employed in the United States?  
**YES**                       **NO**
23. Remarks or additional information:

**CERTIFICATION**

I certify that the statements and information contained herein are true, complete, and correct to the best of my knowledge.

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Signature of Applicant

Date

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize my current or any former employer to release to the Workforce Solutions of West Central Texas Board (WSWCTB) or its authorized representative any and all employment records and other information it may have about my employment, as I have noted in my application, with the understanding that such information released under this authorization will be used solely for the purpose of evaluating my application for employment with WSWCTB. A photocopy of this authorization shall be as valid as the original.

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Signature of Applicant

Date

**APPLICANT ACKNOWLEDGEMENT**

I acknowledge and understand that the Workforce Solutions of West Central Texas Board is an Equal Employment Opportunity employer and that should I become employed by the Board, I must comply with the Board's policies in regard to a drug-free & smoke-free workplace. I confirm that I received the "EO is the Law" notice.

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Signature of Applicant

Date

Please include signatures on the above items to avoid any delays in your application being reviewed.

*Applicants selected for employment who are not current Workforce Solutions of West Central Texas employees will be required to provide proof of citizenship, and the E-Verify system will be used to confirm the employment eligibility of all new hires.*

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities. Relay: 1-800-735-2989 (TTY) / 711 (Voice).

# *Equal Opportunity Is the Law*

The Workforce Solutions of West Central Texas Board, as a recipient of federal financial assistance, must provide the following notice that it does not discriminate on any prohibited ground.

## **EQUAL OPPORTUNITY IS THE LAW**

It is against the law for this recipient of federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I—financially assisted program or activity. The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I—financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity. Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

## **WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION**

If you think that you have been subjected to discrimination under a WIOA Title I—financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

- the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or

- Director, Civil Rights Center (CRC), US Department of Labor 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210 or electronically as directed on the CRC website at [www.dol.gov/crc](http://www.dol.gov/crc).

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the CRC (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

If you wish to file a complaint, please ask for a Workforce Solutions Complaint Taker, or contact:

**Kathy Turner**, Board EO Officer  
500 Chestnut, Suite 1200  
Abilene, TX 79602  
(325) 795-4200 / Fax: (325) 795-4300

**Tommy Higgins**, VR EO Liaison  
500 Chestnut, Suite 1000  
Abilene, TX 79602  
(325) 795-4200 / Fax: (325) 795-4339

**Boone Fields**, TWC EO Officer  
101 E. 15th Street, Room 504  
Austin, Texas 78778  
(512) 463-2400 / Fax: (512) 463-7804

Relay Texas: 711  
1-800-735-2989 (TDD)  
1-800-735-2988 (Voice)



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