

ALL INFORMATION PROVIDED ON THIS FORM WILL BE KEPT **CONFIDENTIAL**.

<b>DEMOGRAPHICS</b> (Please print legibly)				Today's Date:	
First Name:		Middle:		Last Name:	
Street Address:				City, ST Zip:	
Home Phone:				Cell Phone:	
Alternate Phone:				E-mail Address:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female			Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____				
<b>EDUCATIONAL HISTORY</b>					
High school diploma or equivalent (GED)			<input type="checkbox"/>	Some college or college degree	
Vocational or other training			<input type="checkbox"/>	None of the above	
<b>SKILLS OR CERTIFICATIONS</b>					
List any certifications (i.e. forklift, TABC, <b>CDL</b> , etc.):					
List any special skills (i.e. computer, bilingual, etc.):					
<b>OTHER INFORMATION</b>					
Are you 18 years or age or older?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a current Texas driver's license with a current address?	
Will you pass a drug test?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you able to pass a physical exam?	
Do you have at least 20/40 vision in each eye (with glasses)?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you willing to work outdoors?	
Do you have any condition which could cause fainting spells?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have good use of your hands and feet?	
Have you ever been treated for Diabetes, Epilepsy, Heart Condition, Other? (circle)			YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you ever been denied a license to operate a vehicle?	
Has your license ever been revoked?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have any motor vehicle accidents in the last three years?	
Have you had any felony convictions in the past ten years?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have reliable transportation?	
If you were hired in a position, can you submit verification of your legal right to work in the United States?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you willing and able to attend classes for 3.5 weeks from 7:00 a.m. to 5:30 p.m. Monday – Saturday?	
Have you ever served in the military?			YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when? _____ Which branch? _____	

### EMPLOYMENT EXPERIENCE

Company:				Phone:	(     )		
Address:				Supervisor:			
Job Title:				Starting Salary:	\$	Ending Salary:	\$
From:		To:		Reason for Leaving:			

Responsibilities:

Employment Experience cont.

Company:				Phone:	(     )		
Address:				Supervisor:			
Job Title:				Starting Salary:	\$	Ending Salary:	\$
From:		To:		Reason for Leaving:			

Responsibilities:

Company:				Phone:	(     )		
Address:				Supervisor:			
Job Title:				Starting Salary:	\$	Ending Salary:	\$
From:		To:		Reason for Leaving:			

Responsibilities:

### HOW DID YOU HEAR ABOUT THE TCCA?

### APPLICANT STATEMENT

I certify that the answers on this request for services are true and complete to my knowledge:

Printed Name

Date