



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

DEMOGRAPHICS (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 _____				
EDUCATIONAL HISTORY					
High school diploma or equivalent (GED)	<input type="checkbox"/>	Some college or college degree	<input type="checkbox"/>		
Vocational or other training	<input type="checkbox"/>	None of the above	<input type="checkbox"/>		
SKILLS OR CERTIFICATIONS					
List any certifications (i.e. forklift, TABC, CDL, etc.):					
List any special skills (i.e. computer, bilingual, etc.):					
OTHER INFORMATION					
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?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will you pass a drug test?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you able to pass a physical exam?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has your license ever been revoked?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?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you had any felony convictions in the past ten years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have reliable transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 2 full weeks from 8:00 a.m. to 5:30 p.m. Monday – Friday?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever served in the military?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when? _____ Which branch? _____		

This is an Equal Opportunity Program
 "This is not an application for employment."



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.

_____ Date _____

Printed Name



Return this application to
Judy Willingham, Program Coordinator
 Texas Construction Career Academy
 Box 19197, Arlington, Texas 76019
 Phone 817-272-9632, Fax 817-272-2556
jwillingham@uta.edu

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