



**P**ANHANDLE  
**R**EGIONAL  
**P**LANNING  
**C**OMMISSION

# Application for Employment

P.O. Box 9257 • Amarillo, Texas 79105-9257

PLEASE PRINT

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Position Applying For \_\_\_\_\_ Minimum Annual Salary \_\_\_\_\_

Are you authorized to work in the U.S. on an unrestricted basis? Yes \_\_\_\_\_ No \_\_\_\_\_

**Qualifications** - Please list any education or training that would help you perform this position, such as schools, colleges, vocational, technical or military training.

Institution Name	Address	Degree	Completion

**References** – Please list three professional references (No relatives)

Name	Address	Phone	Email

**EMPLOYMENT HISTORY**

List present employer or most recent employer first (attach additional pages, if necessary).

May we contact these employers?  Yes  No

Employer	Employed From _____ Mo/Yr. To _____ Mo/Yr.	Supervisor's Name
Address		Your Job Title
Telephone		
Salary:	Duties:	
Reason for Leaving		

Employer	Employed From _____ Mo/Yr. To _____ Mo/Yr.	Supervisor's Name
Address		Your Job Title
Telephone		
Salary:	Duties:	
Reason for Leaving		

Employer	Employed From _____ Mo/Yr. To _____ Mo/Yr.	Supervisor's Name
Address		Your Job Title
Telephone		
Salary:	Duties:	
Reason for Leaving		

Please list any additional information that would be helpful in considering you for employment.

**\*Please attach Resume and any other applicable information**

**AGREEMENT** (Please read the following statements carefully.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the Commission or myself. I understand that no management official other than the Executive Director has any authority to enter into, agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Equal Opportunity Employer (EOE)** - It is the policy of the Planning Commission to prohibit discrimination against any person in job structuring, recruitment, examination, selection, appointment, placement, training, upward mobility, discipline, or any other aspect of personnel administration based on political affiliation or belief, race, age, religion, color, disability, national origin, or sex. Personnel decisions will be made only on the basis of occupation qualifications and job-related factors such as skill, knowledge, education, experience, and ability to perform a specific job. Auxiliary aids and services are available upon request for persons with disabilities.