

201 E. Main, Suite 107 El Paso, TX 79901 (915) 400-2294

## **APPLICATION FOR EMPLOYMENT**

The El Paso Downtown Management District is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, sexual orientation, age or disability in employment or the provision of services. This application becomes public record and is subject to disclosure.

NAME:				
Last	First		ddle	
MAILING ADDRESS:		City	State	Zip
PHONE NUMBER:				
E-MAIL ADDRESS:				
List any other names if different from name on	this application:			
List position for which you wish to apply:				
Current Driver's License:				
EDUCATION (NOTE: Applicants may be required to certifications, and registrations.)	to provide proof of diploma,	, degree, transcripts	, licenses,	
High School Graduate or GED:				
Type of School:				
Technical or Vocational Schools:				
Degree:				
Undergraduate Colleges of Universitie				
Degree:				
Graduate Schools:				
Degree:				

Attach Current Resume

**Special Training/Skills/Qualifications:** List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

Do you speak a langua	ge other thar	English?	Yes	No
If yes, what language(s	) do you spea	ak?		
How fluently?	Fair	Good	Excellent	
Do you write in a language other than English?		Yes	No	
If yes, which language(	3):			
MILITARY SERVICE: Are you a veteran?		Yes	No	
If yes, list type of discha	arge:			
Dates of Service (From (A copy of a report of se				uired.)

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes No

If your answer is "Yes," explain in detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.

## PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

"I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal. I understand that all such information is subject to verification by the District, and hereby give my consent to the District to investigate my background and qualifications using any means, sources, and outside investigators at its disposal. I agree to undergo any type of drug and/or alcohol testing that may be required at any time. Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or the District may terminate my employment at any time, with or without notice or reason."

Sign Here:	Date:
0 -	

Date/time received \_\_\_\_\_ by \_\_\_\_\_