

HCTRA JOB APPLICATION

PLEASE READ CAREFULLY:

The Harris County Toll Road Authority conducts criminal and reference background checks on **ALL** applicants.

In order to further your application in the review process, all spaces on this application **MUST** be completed, and the application **MUST** be signed and dated.

To be considered for any position, in addition to requirements stated on the job posting, all applicants **MUST** have:

1. Photo identification
2. A valid social security card
3. Proof of a high school diploma or G.E.D
4. A current checking or transaction account (for direct deposit)

A social security card and photo identification is required for alcohol and drug testing and must be presented before the hiring process begins.

PLEASE NOTE:

The attached application is in an interactive portable document format (PDF). This means that if you choose, you may complete the application online. Click on each space, or use the 'TAB' key to prompt the blinking cursor, and type in your information.

Particular attention should be paid to the "General Data" section: Questions 1 through 9. All telephone numbers should include area codes.

While you may download this form, you cannot save data typed into it. To submit this form, or to retain a copy for your records, please fill it in and print it out, or print it out and complete it in black or blue ink. ALL APPLICATIONS SUBMITTED FOR CONSIDERATION MUST BE SIGNED IN INK.

Your application (with resume and cover letter attached if required) should be mailed or faxed to:

HCTRA HUMAN RESOURCES
330 MEADOWFERN DR.
HOUSTON, TEXAS 77067

FAX: 281.875.3813

You may also submit your application to any of our EZ TAG Store locations.

*Because we process a high volume of applications, we request that you **DO NOT CALL** to inquire about your application and interview status unless your phone number changes. Your telephone inquiry may delay the processing of your application.*



Harris County Toll Road Authority

330 Meadowfern
 Houston, Texas 77067-3295
 832-601-7800
 Fax: 281-875-3813
 HCTRA Job Line: 832-601-7902

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Please read the following before completing application. Applicants are considered without regard to race, color, religion, sex, national origin, age or disability. All questions must be answered. You may include your resume, however, resumes will not be accepted as a substitute for applications. Please type or print clearly (black or blue ink).

| | | | |
|---|-------------------------------------|-------------------------|--|
| First Name | Middle Name | Last Name | Other Names (maiden, aliases) |
| Present Address | (Number/Street/City/State/Zip Code) | How long? | Home Phone Number |
| Previous Address | (Number/Street/City/State/Zip Code) | How long? | Business/Alternate Phone |
| Are you between 18-20 years old? | <input type="checkbox"/> | Social Security Number: | Are you authorized to work in the United States? |
| Are you at least 21 years old? | <input type="checkbox"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you are an alien authorized by the Immigration and Naturalization Service to work in the United States, provide the following: Alien Number: _____ or Admission Number: _____ Expiration of employment authorization, if any: _____ | | | |

Date you can start: _____ Position Title applying for: _____

REFERRED BY: _____ Newspaper: Yes No

EDUCATION

| | School Name | City / State | Diploma/Degree |
|---|--|--------------|----------------|
| High School | Cross last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED | | |
| College/ Technical School | | | |
| College/ Technical School | | | |
| Major: _____ Minor: _____ Graduate Studies: _____ | | | |
| Total College Hours: _____ Graduate Hours: _____ (Transcripts may be required.) | | | |

GENERAL DATA

Answer items 1 through 6 by placing an "X" in the proper column.

YES NO

| | | |
|--|--|--|
| 1. Are you now working for or have you previously worked for any Department in Harris County to include the Toll Road Authority? If yes, under what name? | | |
| 2. Do you or does your spouse have any relatives presently working for or holding office in Harris County Government to include the Toll Road Authority? If yes, please list the name(s), relationship and the department in which employed. | | |
| 3. Are you aware of any reason which would keep you from being bonded? If yes, describe: | | |
| 4. Are you licensed to operate a motor vehicle? Driver's License Number: _____ State: _____ Class: _____ Expiration: _____ If not, other ID Number: _____ State: _____ Type of ID: _____ | | |
| 5. Are you willing to work the hours assigned? | | |
| 6. Have you ever been convicted of an offense? Please include driving while intoxicated or driving under the influence of drugs. Exclude minor traffic violations. | | |
| 7. Other language(s) fluently Spoken: _____ Read: _____ Write: _____ | | |
| 8. Machine and equipment skills: _____ Typing-WPM: _____ PC software applications: _____ | | |
| 9. Special qualifications and skills: (Use this space to indicate any experience, skills, licenses, or certificates, etc., which in your opinion would qualify you for the position you seek.) | | |
| | | |
| | | |
| | | |
| | | |

EMPLOYMENT HISTORY

| | | | | |
|---|-----------------|--|---------------------------|------------------------------------|
| Name of Employer | | Supervisor and Title | | |
| Address (Number/Street/City/State/Zip Code) | | Your Title | | |
| From (Month/Year) | To (Month/Year) | Final Salary | No. of Persons Supervised | Full Time <input type="checkbox"/> |
| Reason for Leaving: | | May we contact this employer? | | Part Time <input type="checkbox"/> |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Temporary <input type="checkbox"/> |
| | | Phone Number: () | | |
| Describe Your Duties: | | | | |
| | | | | |
| | | | | |
| | | | | |

| | | | | | |
|---|-----------------|--------------|---|-----------|------------------------------------|
| Name of Employer | | | Supervisor and Title | | |
| Address (Number/Street/City/State/Zip Code) | | | Your Title | | |
| From (Month/Year) | To (Month/Year) | Final Salary | No. of Persons Supervised | Full Time | <input type="checkbox"/> |
| Reason for Leaving: | | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Part Time <input type="checkbox"/> |
| | | | Phone Number: () | | Temporary <input type="checkbox"/> |
| Describe Your Duties: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | | | |
|---|-----------------|--------------|---|-----------|------------------------------------|
| Name of Employer | | | Supervisor and Title | | |
| Address (Number/Street/City/State/Zip Code) | | | Your Title | | |
| From (Month/Year) | To (Month/Year) | Final Salary | No. of Persons Supervised | Full Time | <input type="checkbox"/> |
| Reason for Leaving: | | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Part Time <input type="checkbox"/> |
| | | | Phone Number: () | | Temporary <input type="checkbox"/> |
| Describe Your Duties: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | | | |
|---|-----------------|--------------|---|-----------|------------------------------------|
| Name of Employer | | | Supervisor and Title | | |
| Address (Number/Street/City/State/Zip Code) | | | Your Title | | |
| From (Month/Year) | To (Month/Year) | Final Salary | No. of Persons Supervised | Full Time | <input type="checkbox"/> |
| Reason for Leaving: | | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Part Time <input type="checkbox"/> |
| | | | Phone Number: () | | Temporary <input type="checkbox"/> |
| Describe Your Duties: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | | |
|---|-----------------|---|---------------------------|------------------------------------|
| Name of Employer | | Supervisor and Title | | |
| Address (Number/Street/City/State/Zip Code) | | Your Title | | |
| From (Month/Year) | To (Month/Year) | Final Salary | No. of Persons Supervised | Full Time <input type="checkbox"/> |
| Reason for Leaving: | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Part Time <input type="checkbox"/> |
| | | Phone Number: () | | Temporary <input type="checkbox"/> |
| Describe Your Duties: | | | | |
| | | | | |
| | | | | |
| | | | | |

REFERENCES

List three persons other than relatives who have definite knowledge of your qualifications.

| Full Name | Home or Business Address (Number/Street/City/State/Zip Code) | Phone Number | Business or Occupation | Years Acquainted |
|-----------|---|--------------|------------------------|------------------|
| | | () | | |
| | | () | | |
| | | () | | |

By submitting and signing this application, I _____, authorize and request any public or private business or other employee for whom I have worked or been employed, or with whom I have sought employment, to supply Harris County with any and all records pertaining to me that have been kept in the usual course of business, including-- but not limited to --drug and alcohol test results obtained within six months of the date of request for information by Harris County. The information obtained may be used by Harris County in making decisions with regard to my employment.

I authorize investigation of all statements contained in this application. I certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentation, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated. References and previous employer will be contacted to confirm statements unless otherwise indicated. **I also understand that if offered employment by Harris County, I will be required to pass a drug and/or alcohol test and a criminal background check as a condition of employment.**

YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS SIGNED AND ALL QUESTIONS ANSWERED.

DATE: _____

APPLICANT'S SIGNATURE: _____

APPLICANT QUESTIONNAIRE

DATE: _____

APPLICANT'S FULL NAME: _____
(As it appears on your Social Security Card)



1. Do you have reliable transportation? Yes No

2. Do you have reliable telephone communications? Yes No

List phone number with **area code first**:

Home number _____

Cellular number _____

Alternate number _____

3. Do you have an e-mail address? If so, please provide _____

4. Are you willing to work **ANY** shift and location that you are assigned? Yes No

5. Are you willing to work **weekends and holidays**? Yes No

6. Do you have any previous experience working with money? Yes No

Please list, if any _____

7. Do you have any conflicts that would limit your availability to work? Yes No

Please list, if any _____

8. How many hours per week do you want to work? 8 to 24 24 to 40

9. Do you have a relative who knows someone, or do you know someone who works for Harris County or the Toll Road Authority?

Please list name and relationship _____
