



The State of Texas Application for TPWD Internship Program

Texas Parks and Wildlife Department
Human Resources Division/Employment, Recruitment and Retention Branch
4200 Smith School Road
Austin, Texas 78744

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Email completed application to hr@tpwd.state.tx.us. These instructions must be followed exactly. Fill out the application form completely; if questions are not applicable, enter "NA." Do not leave questions blank. Place an "X" in all relevant check boxes. Resumes will be accepted for whatever additional information they may contain, but *not in place of a completed application*. Application may be signed during interview or any time prior to hire.

Personal Information

Name: _____
Last First Middle

Address (Current): _____
Street City State Zip Code

(Permanent): _____
Street City State Zip Code

E-mail Address: _____ AC () _____ AC ()
Home Phone Other Phone

Date available for work: _____

Current Driver's License: State: _____ Number: _____

Are you willing to work hours other than 8 – 5? ☐ Yes ☐ No If yes, when? _____

Geographical preference. (Be specific to city/area. If no preference, write "statewide.") _____

If appointed, are you willing and prepared to accept assignment or transfer to any part of the State of Texas where services are required? ☐ Yes ☐ No

Are you willing to travel? ☐ Yes ☐ No If yes, what percent of time? _____

Have you ever worked for the State of Texas? ☐ Yes ☐ No If yes, provide dates: _____

Have you ever worked for TPWD? ☐ Yes ☐ No If yes, provide dates: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, describe: _____

NOTE: A felony conviction will NOT result in automatic elimination from consideration.

Education

Type of School	Name and Location of Schools	Dates Attended				No. of Semester Hrs. Completed	Graduated		Type of Diploma or Degree	Major Field of Study
		From		To			Yes	No		
		Mo.	Yr.	Mo.	Yr.					
College or University							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		
Technical or Vocational							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		

Current Licenses/Certifications/Registration (indicate types and dates received):

Special Skills/Qualifications: List all special skills you possess and machines or office equipment you can use, such as adding machines, dictation equipment, printing or graphics equipment, etc.

	----- Speak -----	----- Read -----	----- Write -----
Foreign Language (list):	Fair Good Excellent	Fair Good Excellent	Fair Good Excellent
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Military Service (Active Duty)
 Branch: _____ Dates: From: _____ To: _____
 Are you in the Active Reserve? ☐ Yes ☐ No
 NOTE: A certified photo static copy of a report of separation from the armed forces may be required.

Employment Record
 Start with present or most recent position and work back. Use additional sheets if necessary.

Employer: _____				Type of Business: _____				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	
Address: _____				Immediate Supervisor: _____					
City, State, Zip: _____									
Start Date		End Date		Starting Salary	Ending Salary	Starting Position Title	Present or Last Title		
Month	Year	Month	Year						

Briefly describe your duties and responsibilities:

Employer: _____				Type of Business: _____				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	
Address: _____				Immediate Supervisor: _____					
City, State, Zip: _____									
Start Date		End Date		Starting Salary	Ending Salary	Starting Position Title	Present or Last Title		
Month	Year	Month	Year						

Briefly describe your duties and responsibilities:

Explain reason for leaving:

Employer: _____				Type of Business: _____				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	
Address: _____				Immediate Supervisor: _____					
City, State, Zip: _____									
Start Date		End Date		Starting Salary	Ending Salary	Starting Position Title	Present or Last Title		
Month	Year	Month	Year						

Briefly describe your duties and responsibilities:

Explain reason for leaving:

TPWD policy prohibits an employee from serving in a position of supervisory authority over certain relatives. Do you have any relatives working for TPWD?
☐ Yes ☐ No If yes, list their names and degree of relationship. _____
☐ Yes ☐ No Do you intend to work another job (dual employment) during internship? _____

 I hereby certify that the foregoing statements as well as those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute ground for unfavorable consideration or dismissal from employment.

 You May Contact:
 Present Employer: ☐ Yes ☐ No _____
 Former Employers: ☐ Yes ☐ No _____
 Division of Choice: _____
(Two choices only): First Choice _____ Second Choice _____



Texas Parks and Wildlife Department
Human Resources/Employment, Recruitment and Retention Branch
Student Internship Program

Recruitment Activity Data Sheet

NOTE: The information on this page is used for statistical reporting purposes.

Name: _____
Last First Middle

Address (Current): _____
Street City State Zip Code

(Permanent): _____
Street City State Zip Code

E-mail Address: _____ AC () AC ()
Home Phone Other Phone

Name of Current College: _____

Total semester hours completed
to date on transcript: _____

Expected Graduation Date: _____

Overall GPA from current
transcript: _____

College Graduate? ☐ Yes ☐ No

Graduation Date: _____

Major: _____

Minor: _____

Type of degree:

AA AS BA BS MA MS PhD
☐ ☐ ☐ ☐ ☐ ☐ ☐

Ethnicity:

- ☐ White
☐ Black
☐ Hispanic origins
☐ Asian/Pacific Islander
☐ American Indian/Alaskan
☐ Other

Are you eligible to work in
the U.S.?

☐ Yes ☐ No

Gender:

☐ Female ☐ Male

Division of Choice
(Two choices only):

Reference # (if
applicable)

☐ Administrative Resources

☐ Coastal Fisheries

☐ Communications

☐ Executive Administration

☐ Human Resources

☐ Information Technology

☐ Infrastructure

☐ Inland Fisheries

☐ Law Enforcement

☐ Legal

☐ State Parks

☐ Wildlife

How did you find out about this job?

- ☐ Other State Employee
☐ Career Fair
☐ Recruitment Poster
☐ Recruiter

- ☐ Human Resources
☐ Agency Web Site – Internet
☐ WorkInTexas.com
☐ Other (specify): _____

Applicant's Signature will be obtained during interview or
any time prior to hire.

Date