

# CALHOUN COUNTY, TEXAS APPLICATION FOR EMPLOYMENT

### AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment, advancement opportunities, and access to services for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, or any other classification protected by law. If you need assistance completing this application and/or with any testing required during the application process, please ask the staff in the Personnel Office so that assistance may be provided. A job description will be available for your review for each job posted.

		PLEAS	E PRINT	IIA IIAIZ			
NAME (As it appears on Social Security Card / Work Permit Card)	Last			First		M.I.	
SOCIAL SECURITY NUMBER							
ADDRESS							
CITY, STATE, ZIP							
HOME TELEPHONE			MESSAGE C	ONTACT Name		Area Code Nur	mber
DAYTIME TELEPHONE			ARE YOU	AT LEAST 18 YE.	ARS OLD?		
OTHER NAMES YOU HAVE USED:							
POSITION APPLIED FOR:				DEPARTMENT:			
REFERRED FOR THIS POSITION BY:				DATE AVAILABLE:			
HAVE YOU EVER BEEN EMPLOYED BY THIS ORC	GANIZATION?	? □no □yes	WHEN?	DEPAR	TMENT:		
SUPERVISOR: REASON FOR LEAVING:							
DO YOU HAVE A RELATIVE NO YES IF YES, WHAT							
WHAT IS YOUR RELATIONSHIP	י?						
IN WHAT DEPARTMENT DOES YOUR RELATIVE WORK?							
HAVE YOU EVER BEEN COLPLED GUILTY OR NO CONFELONY OFFENSE? IF EXPLAIN. IMPORTANT: FOR EMPLOYMENT WITH CALHO "CONVICTIONS" INCLUDE SE CONFINEMENT, PAID FINE, TPLACED ON PROBATION DEFERRED ADJUDICATION. A WILL NOT NECESSARILY DISAPPLICANT FROM EMPLOYMENT ON THE PROBATION ON THE PROBATION OR THE P	STEST TO, A SO, PLEASE PURPOSES OF DUN COUNTY, ENTENCED TO TIME SERVED, (INCLUDING AND COURT- CONVICTION SQUALIFY AN ENT.  ation, date, position of	REQUIRES DI PROVIDE THE F  I HAVE A VALID  NO YES  TYPE:  DRIVER'S LIC.	RIVING A NFOLLOWING IN		VERIFICAT	J, IF HIRED, ION OF YOUR WORK IN THE □ YES	<b>LEGAL</b>

Version 06/09 Page 1 of 6

If you have	e served in the	e U.S. Milit	ary, pl	ease provide								
<b>F</b>	_			Brand	ch of S	ervice			·			
From:	From: To: Dates Served			Type of Discharge								_
				EDUCAT	ION	/ SKI	LS					
EDUCATIONAL LEVEL	NAME		CIT		CIRC	CLE YRS		UNITS COMPLETED	DEGRE	E	N	MAJOR
HIGH SCHOOL					9 1	0 11 12						
COMMUNITY or JUNIOR COLLEGE						1 2						
BUSINESS or TRADE SCHOOL						1 2						
					1	2 3 4						
COLLEGE or UNIVERSITY						2 3 4						
					'	2 3 4						
GRADUATE SCHOOL												
			COI	MPUTER S	OFT	WAR	E SK	ILLS				
COMPUTER S	OFTWARE			Name of Softwa					ır Proficiend	cy With T	he Soft	ware
Word Process	sing			☐ Skilled					☐ Competent ☐ Familiar			
Spreadsheet							☐ Skilled	□ Co	mpetent		Familiar	
Database						☐ Skilled	☐ Co	mpetent		Familiar		
Other								☐ Skilled	☐ Cc	mpetent		Familiar
_		LICENS	SES/	CERTIFIC	ATIC	NS/	ORG	ANIZATIO	NS			
PROFESSIONAL LICENSES  TYPE and			PES OF LICENSES d CERTIFICATES		OATE SUED		REGISTRATION NUMBER		STA	TE	EXPIRES MO / YR	
	RTIFICATION ob Related)	NS										
(0.	ob itolatou,											
			LA	NGUAGE				SPEAK	RE	AD		WRITE
FOREIGN LANGUAGE SKILLS			DO YOU:		☐ Fair ☐ Good ☐ Fluent		☐ Fair ☐ Good ☐ Fluent			Fair Good Fluent		
				JOB RELA	TED	TRA	ININ	G				
NAME OF COURSE			YEAR COMPL	ETED	NAME	OF CO	URSE			YEAR	COMPLETED	

Version 06/09 Page 2 of 6

## EMPLOYMENT HISTORY THIS PORTION OF THE APPLICATION BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.

BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.					
FROM (Mo/Yr)	 TO (Mo/Yr)	 TOTAL	YRS	MOS.	YOUR POSITION
					YOUR SUPERVISOR
					PHONE
TYPE OF BUSINESS _			REASC	)N FOR LEA	VING
BASE SALARY	/	_ \( \text{MONTHLY} \)		☐ HOURLY	OTHER COMPENSATION, BONUSES
BRIEF DESCRIPTION	RT FINAL OF YOUR DUTIES &	، RESPONSIBLITIF	ES		
, ,	, ,				YOUR POSITION
· · · · · · · · · · · · · · · · · · ·					YOUR SUPERVISOR
ADDRESS:					PHONE
					VING
					OTHER COMPENSATION, BONUSES
FROM (Mo/Yr)	TO (Mo/Yr)	TOTAL	YRS	MOS.	YOUR POSITION
					YOUR SUPERVISOR
					PHONE
					VING
					OTHER COMPENSATION, BONUSES
STA BRIEF DESCRIPTION	RT FINAL	RESPONSIBILITI	= 0	_ 1100	OTTEN GOINT ENGATION, BONGGEO
BINE BEGGIN	51 1001( 50.1.25	NEOI OITOIDE			
FROM (Mo/Yr)	_ TO (Mo/Yr)	TOTAL	YRS	MOS.	YOUR POSITION
EMPLOYER:					YOUR SUPERVISOR
ADDRESS:					PHONE
TYPE OF BUSINESS _			REASC	)N FOR LEA	VING
BASE SALARY	/	_ \( \text{MONTHLY} \)		☐ HOURLY	OTHER COMPENSATION, BONUSES
BRIEF DESCRIPTION		RESPONSIBLITIF	ES		
	EVALANATIO	ALOE INTE	PRINTIC	MC IN E	MPLOYMENT HISTORY
Please use this spa	ce to explain em	ployment histor	y interruption	ons since r	high school that do not pertain to pregnancy, child
care, disability or ar	ny other protected	d activity.			
· -		•			
i					

(ATTACH ADDITIONAL PAGE IF NECESSARY)

Version 06/09 Page 3 of 6

	REFERENCES
NAME	NAME
ADDRESS	
CITY,STATE,ZIP	
DAYTIME PHONE	
RELATIONSHIP	
(No Relatives)	(No Relatives)
NAME	NAME
ADDRESS	ADDRESS
CITY,STATE,ZIP	
DAYTIME PHONE	
RELATIONSHIP	RELATIONSHIP
(No Relatives)	(No Relatives)
AUTH	HORIZATION AND AGREEMENT
MY PAS	SENT EMPLOYER(S):
record offices and personal, school and employment referent obtain information concerning your background, qualification of school records or to supply grade transcripts. Information employment decision. This information will only be available part of this investigation, a consumer reporting agency or Couse information it supplies to us in this investigation for its orangency or the nature and scope of such inquiry, if one is ma	a routine inquiry will be made concerning your background. Former employers, school aces may be contacted by a consumer reporting agency or County personnel to verify and as, school and work records. You may be asked to sign another form authorizing the release a gathered about your background and qualifications will be used to help make a fair to those participating in this decision or those who process employment applications. As punty personnel may also conduct a check of criminal records. This agency may keep and who business purposes. Further information such as the name of the consumer reporting de, is available to you upon written request. You will also be given a separate disclosure prepared about your background for us by a consumer-reporting agency that compiled the
authorize the employer and its agents to verify all statement employment application. I agree to complete any requisite a	ees or agents to conduct all pre-employment inquiries and tests as described. I further s contained in this application and any other materials I submit in connection with my authorizations forms. I release the employer, its agents and all providers of information from mation. In the event of employment, this authorization and release is valid throughout my
	atisfactory reference checks, successful completion of all pre-employment tests and erify my identity and work authorization in accordance with the requirements of the
	of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants entify their disabilities and special accommodations they feel are necessary to adequately voluntary and may be made to the HR Coordinator.
submitting false or misleading information on this application valid grounds for disqualification from further consideration f	of d complete to the best of my knowledge. I understand withholding pertinent information or in, my resume, during interviews or at any other time during the hiring process constitutes or hire or immediate dismissal from employment and loss of all employee benefits and shall not be liable in any respect if my employment is so denied or terminated.
	ty if I am convicted of, received deferred adjudication in, or otherwise plead guilty or no reach of trust while my application is pending or during my period of employment, if hired.
Commission on Law Enforcement Officer Standards and Ed	ement or jail position, I will be required to comply with all the requirements of the Texas ucation or other equivalent agency as required by the State. I further understand that any e tests, including physical agility, to determine my fitness for this position.
accordance with the County's adopted policies, I will submit required by the County's policy. I understand and agree tha	I submit to a pre-employment driving record check and/or pre-employment physical, and in to a pre-employment drug/alcohol screen as well as any other drug/alcohol screenings as t, if I refuse to submit to such physical, drug/alcohol screen, or driving record check, I will not understand that, once employed, refusal to submit to such exams or a positive result on a which may include termination.
employment is at will and I may resign at any time for any re	byer neither expresses nor implies I will be offered employment. I understand my eason; similarly, my employment may be terminated by the organization at any time for any will not be valid unless in writing signed by me and a duly authorized representative of this

\_\_ DATE \_\_\_

Version 06/09 Page 4 of 6

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

employing organization.

SIGNATURE OF APPLICANT\_\_

### FAIR CREDIT REPORTING ACT

Disclosure and Authorization Statement

### To: All Applicants For Employment (Please Read Carefully Before Signing Below)

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

Name (please print)	
Signature	Date Signed

(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)

Version 06/09 Page 5 of 6

### **VOLUNTARY CONSENT TO PRE-EMPLOYEMENT DRUG TESTING**

Applicant Name:
(Please Print)
Calhoun County has a vital interest in maintaining safe, healthful and efficient working conditions for its employees. Using or being under the influence of drugs may pose serious safety and health risks not only for the user but for his/her co-workers and the public, as well.
By signing this Notice, the applicant understands and voluntarily agrees to submit to pre-employment drug screening. The applicant further agrees to release Calhoun County and its directors, officers, agents, employees, subsidiaries and affiliated concerns from any and all liability, claims, demands, damages and causes of action of every kind and nature arising out of the pre-employment drug screening and any decision concerning employment made by Calhoun County, in whole or in part, based upon the results of the pre-employment drug screen.
ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH CALHOUN COUNTY. Refusal of any applicant to agree to preemployment drug screening at this time does not preclude an applicant from applying for employment with Calhoun County at some future time when the applicant will agree to conform to our policies.
I understand that my offer of employment with Calhoun County is contingent upon my taking and passing a test for the presence of illegal drugs. I further understand and agree that I may be terminated from Calhoun County should the results be positive for the presence of illegal drugs. I voluntarily consent to have a sample of my urine collected for the purpose of drug testing. In the event I should submit two or more samples for drug screening in connection with my application for employment, I understand that each sample must be negative for the presence of illegal drugs. The drug test will be conducted by a clinical laboratory. I hereby authorize the results of this testing to be released to Calhoun County. This consent is subject to revocation at any time upon written notice. I understand that I may receive a copy of this consent form upon written request.
Signature of Applicant:
Date:

Version 06/09 Page 6 of 6

(To be maintained on file with Employment Application)