



HAYS COUNTY

APPLICATION FOR EMPLOYMENT

*EQUAL OPPORTUNITY
EMPLOYER*

NOTE TO APPLICANT: A resume will not be accepted in lieu of an application. Failure to complete application will result in non-consideration. If you need assistance in completing this application, please inquire at our Human Resources Department.

Date of Application: _____

Job Posting Number: _____

PERSONAL

Email Address: _____

Name: _____ **Social Security Number:** _____
 (Last) (First) (Middle)

Present Address: _____
 (Street) (City) (State) (Zip)

Permanent Address: _____
 (Street) (City) (State) (Zip)

Home Phone: _____ **Work Phone:** _____ **Cell Phone Number:** _____

In Case of Emergency Notify: _____
 (Name) (Address) (Phone) (Relationship)

THE FOLLOWING QUESTIONS ARE INFORMATION THAT IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

Are You 18 Years Or Older?
 YES NO

Can you, after being hired, verify your legal right to work in the United States?
 YES NO

Are You Prevented From Lawfully Becoming Employed In This County Because Of VISA Or Immigration Status? YES NO

Proof Of Citizenship Or Immigration Status Will Be Required Upon Employment

Are You A Veteran Of The U.S. Armed Forces?
 YES NO If Yes, Branch _____
 Rank _____
 Dates of Active Duty _____

Have You Ever Been Employed By Hays County?
 YES NO If Yes, Department _____
 Date: From: _____ To: _____

Have You Ever Been Convicted of A Felony?
 YES NO If Yes, Date: _____
 Place _____
 Describe: _____

Are You Related By Blood Or Marriage To Any Current Hays County Employee ? YES NO
 If Yes, Name Of Employee _____
 Department _____
 Relationship _____

What Languages Do You Speak Fluently? _____

FORMER EMPLOYERS

List all employers for the past 10 years (may continue on attachment). Include your current employer. List at least three employers (may go back past 10 years). List most recent employment first.

Name And Address Of Present Or Last Employer

Dates of Employment : Position:

From Mo./Yr. To Mo./Yr.

Supervisor Name: Supervisor Title:

May We Contact Your Employer? YES NO

Contact Name: Contact Phone:

Ending Salary \$ _____ PER _____

Position Description/Duties: _____

Reason For Leaving:

Name And Address Of Past Employer

Dates of Employment : Position:

From Mo./Yr. To Mo./Yr.

Supervisor Name: Supervisor Title:

May We Contact Your Employer? YES NO

Contact Name: Contact Phone:

Ending Salary \$ _____ PER _____

Position Description/Duties: _____

Reason For Leaving:

Name And Address Of Past Employer

Dates of Employment : Position:

From Mo./Yr. To Mo./Yr.

Supervisor Name: Supervisor Title:

May We Contact Your Employer? YES NO

Contact Name: Contact Phone:

Ending Salary \$ _____ PER _____

Position Description/Duties: _____

Reason For Leaving:

FORMER EMPLOYERS

Name And Address Of Past Employer

Dates of Employment :

From Mo./Yr.

To Mo./Yr.

Position:

Supervisor Name:

Supervisor Title:

May We Contact Your Employer? YES NO

Contact Name:

Contact Phone:

Ending Salary \$ _____ PER _____

Position Description/Duties: _____

Reason For Leaving:

Name And Address Of Past Employer

Dates of Employment :

From Mo./Yr.

To Mo./Yr.

Position:

Supervisor Name:

Supervisor Title:

May We Contact Your Employer? YES NO

Contact Name:

Contact Phone:

Ending Salary \$ _____ PER _____

Position Description/Duties: _____

Reason For Leaving:

Name And Address Of Past Employer

Dates of Employment :

From Mo./Yr.

To Mo./Yr.

Position:

Supervisor Name:

Supervisor Title:

May We Contact Your Employer? YES NO

Contact Name:

Contact Phone:

Ending Salary \$ _____ PER _____

Position Description/Duties: _____

Reason For Leaving:

EMPLOYMENT DESIRED

Date You Can Start:	How did you hear about this job?
Job Title of Position(s) Desired:	
Type of Position Desired: <input type="checkbox"/> <i>Regular Full-Time</i> <input type="checkbox"/> <i>Temporary Full-Time</i> <input type="checkbox"/> <i>Regular Part-Time</i> <input type="checkbox"/> <i>Temporary Part-Time</i>	
Specify Days Of The Week And Number Of Hours Preferred:	
Will You Work Irregular Hours? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION AND TRAINING RECORD

Schools Attended	School Name, City, State	DID YOU GRADUATE?	TYPE OF DEGREE	MAJOR
High School Last Attended				
College, University, Technical School				
College, University, Technical School				

List Academic Honors, Scholarships, Etc. That You Feel Are Significant And Relevant To Employment:

List All Professional Licenses/Certifications:
 Type: _____ State: _____ Date Expires: _____ Number: _____

List All Subjects of Special Study Or Training That You Feel Are Significant and Relevant to Employment:

PERSONAL REFERENCES

List three persons other than relatives that have knowledge of your work experience or education.

NAME	ADDRESS	PHONE	YEARS ACQUAINTED

APPLICANT'S STATEMENT

I certify that all information included in this application packet is true and correct to the best of my knowledge. I authorize Hays County to investigate all information contained in this packet to the extent it deems necessary in arriving to an employment decision. This application will be considered for a period not to exceed 90 days. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship is of an "AT WILL" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "AT WILL" employment relationship may not be changed by any written document including personnel or employee handbook, or by any verbal agreement. I understand that false or misleading information given in my application package or interview may result in my removal from consideration from employment or if after employment it may result in discipline or discharge. I also understand that I am required to abide by all rules and regulations of the employer in the event of employment. I understand that no person shall be denied employment with Hays County on the basis of any legally prohibited discrimination involving, but not limited to, race, color, creed, religion, gender, national origin, age, disability, marital status, veteran status, sexual orientation or any other legally protected status.

SIGNATURE: _____ **DATE:** _____

Applicant's Authorization To Release Information

An as applicant for a position with Hays County, I hereby authorize employers and/or educational institutions to release information concerning my work and educational history. The information obtained will only be used in determining my qualifications for the position applied.

You may release or verify the following information:

- _____ Any Information requested
- _____ Past Employers
- _____ Salary History
- _____ Dates of Employment
- _____ Positions Held
- _____ Duties and Responsibilities
- _____ Reasons for Leaving
- _____ Eligibility for Rehire
- _____ Drug and Alcohol Testing Records

Educational Institutions:

- _____ Years of Attendance
- _____ Degree Obtained
- _____ Transcript

Signature

Date

Print Name

Social Security Number

Hays County Equal Opportunity Data Sheet

Date: _____

Name: _____

Position Number: _____

SSN : _____

1. Completion of this section is *strictly voluntary*. The information will be used to accommodate Equal Employment Opportunity tracking and reporting requirements.

Ethnic Origin:

- Asian
- Black
- Hispanic
- American Indian
- Caucasian
- Other

Gender:

- Male
- Female

Veteran:

- No
- Vietnam
- Other

2. Completion of this section is *strictly voluntary*. The information will be used to determine if reasonable accommodation circumstances exist.

Disabled:

- Yes
- No