

Application for Employment

SOMERVELL COUNTY

Physical: 101 NE BARNARD ST., HISTORIC COURTHOUSE

Mailing: P.O. Box 330

Glen Rose, TX 76043

PH: 254-897-3750 / FAX: 254-897-2271

An Equal Opportunity Employer: It is the intent of Somervell County to recruit, hire, train, and promote persons in all job classifications without regard to race, color, religion, sex, national origin, age, disability or marital status.

EMPLOYMENT DESIRED			
Position Applied For	Date Available	Desired Salary	Application Date
Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, may we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you are related to any employee of Somervell County, provide the name, relation, and department.			

PERSONAL INFORMATION				
Last Name	First Name		Preferred Name	
Social Security Number		E-Mail Address (Print Clearly)		
Street Address	City	State	Zip Code	Home Phone Number
Mailing Address (If Different)	City	State	Zip Code	Cell Phone Number

EDUCATION			
If you have a High School diploma or GED, give the name of the High School at which it was acquired.			
List college or university, military school, technical school, trade school, night school, and apprenticeships.			
School Name, City, State	No. of Yrs. Completed	Major	Degree/Certificate(s)

U.S. MILITARY SERVICE				
Branch of Service	Rank at Discharge	Entry Date	Discharge Date	Type of Discharge
Military Occupational Specialty				

EMPLOYMENT HISTORY

Begin with present or most recent employer. ***All blanks must be completed even if a resume is attached. Account for the last ten years.***

Company	From (Mo./Yr.)	To (Mo./Yr.)	Starting Salary	Ending Salary
Address (Street, City, State, Zip)			Phone Number	
Position or Title		Name of Immediate Supervisor		
Briefly describe your responsibilities				
Reason for leaving				
Company	From (Mo./Yr.)	To (Mo./Yr.)	Starting Salary	Ending Salary
Address (Street, City, State, Zip)			Phone Number	
Position or Title		Name of Immediate Supervisor		
Briefly describe your responsibilities				
Reason for leaving				
Company	From (Mo./Yr.)	To (Mo./Yr.)	Starting Salary	Ending Salary
Address (Street, City, State, Zip)			Phone Number	
Position or Title		Name of Immediate Supervisor		
Briefly describe your responsibilities				
Reason for leaving				

EMPLOYMENT HISTORY (continued)				
Company	From (Mo./Yr.)	To (Mo./Yr.)	Starting Salary	Ending Salary
Address (Street, City, State, Zip)			Phone Number	
Position or Title		Name of Immediate Supervisor		
Briefly describe your responsibilities				
Reason for leaving				
If additional space is needed for job history, continue on a separate sheet of paper.				

SPECIAL SKILLS AND QUALIFICATIONS	
Typing WPM	List Software Used
List Professional Certifications or Licenses (w/license number)	
List professional, trade, business or civic activities and offices held that you consider relevant to your ability to perform this job.	

GENERAL INFORMATION			
Are you lawfully able to be employed in this country?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are you 18 years of age or older?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>			
<hr/> <hr/>			
List any foreign languages you can speak, read or write.			
Speak			
Read			
Write			

REFERENCES

Name	City, State	Phone

REQUEST FOR REASONABLE ACCOMMODATION INTERVIEW

In accordance with the Americans with Disabilities Act of 1990, should an employment interview be scheduled and you require a reasonable accommodation, please contact Human Resources for the appropriate arrangements.

APPLICANT'S STATEMENT

I certify that answers and information given herein are true and complete to the best of my knowledge. I authorized Somervell County to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between the county and me for either employment or the provision of any benefits. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the county unless made in writing and signed by an authorized representative of the county and me. By submitting this application, I further understand that if an offer of employment is made to me, I am authorizing the county to do a criminal background investigation. I agree that, if employed, I will abide by all policies and procedures established by Somervell County and understand that I will be subject to an orientation of sixty (60) days. I further understand any offer of employment I receive may be contingent upon my passing any job-related tests including a drug screening test.

At Will Employment Statement: Somervell County may dismiss any employee at any time, without notice or cause.

Applicant Signature

Date