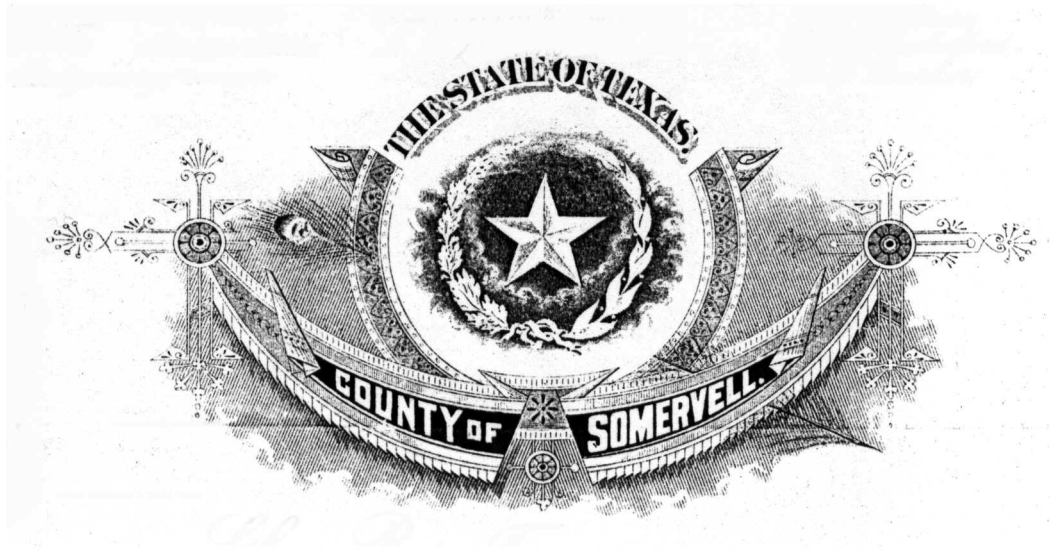


Employment Application



**Somervell County
750 E. Gibbs Blvd.
Glen Rose, Texas 76043
Fax (254) 897-9414**

**Equal Opportunity Employer
REVISED 06-07-2012**

Application for Employment

FOR OFFICE USE ONLY		SOMERVELL COUNTY 750 E. GIBBS BLVD. GLEN ROSE, TX 76043 (254) 897-2242/FAX (254)897-9414
Work Location _____ Rate _____	Position _____ Date _____	
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.		

Please type or print clearly. Any omission of information may delay processing or disqualify you from employment.

EMPLOYMENT DESIRED

Position Applied For	Date Available	Salary Desired	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"/>			
Are you related by blood/marriage to any employee of Somervell County Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, whom? (Name, Relation & Department)	
Have you ever applied for a position with Somervell County? Yes <input type="checkbox"/> No <input type="checkbox"/>		Department?	Date Applied?
Are you available to work <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Rotating Shifts <input type="checkbox"/> Temporary			

PERSONAL INFORMATION

Last Name		First Name	Middle Initial	Preferred Name
List any other name(s) used, including nicknames		Social Security No.	Email Address	
Street Address	City	State	Zip Code	Phone Number
Mailing Address	City	State	Zip Code	Phone Number

EDUCATION

High School Diploma or Equivalent Yes <input type="checkbox"/> No <input type="checkbox"/>		Can you provide a copy of the listed certificates? Yes <input type="checkbox"/> No <input type="checkbox"/>		
List college or university, military school, technical school, trade school, night school, and apprenticeships.				
Schools (Include City & State)	No. Years Completed	Major	Degree/Certificate(s)	
<u>HIGH SCHOOL</u>				

U. S. MILITARY SERVICE

Branch of service	Rank at Discharge	Entry Date	Discharge Date	Type of Discharge
Military Occupational Specialty				
Are you a member of the National Guard or Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inactive <input type="checkbox"/> Active		Do you anticipate any active duty including reserve training in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT HISTORY

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

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

If additional space is required, please continue on a separate sheet of paper.

SPECIAL SKILLS AND QUALIFICATIONS

<p>Driver's License/Commercial Driver's License</p> <p>Check type of Drivers License</p> <p>Operator <input type="checkbox"/> C # _____ State _____ Exp. Date _____</p> <p>Commercial <input type="checkbox"/> B # _____ State _____ Exp. Date _____</p> <p>Commercial <input type="checkbox"/> A # _____ State _____ Exp. Date _____</p>	<p>Professional Certification</p> <p>Are you now licensed, registered Yes <input type="checkbox"/> No <input type="checkbox"/> or certified in your profession?</p> <p>State _____ License # _____</p> <p>Type _____ Exp. Date _____</p> <p>If not licensed in this state, have you applied? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, explain: _____</p>
<p>Please check the skills you can presently perform:</p> <p><input type="checkbox"/> Typing</p> <p><input type="checkbox"/> Word-processing/Spreadsheet (List Below)</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Internet Use/Searching</p> <p><input type="checkbox"/> Other (List Below)</p> <p>_____</p>	<p>List professional, trade, business or civic activities and offices held.</p> <p>(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)</p> <p>_____</p> <p>_____</p> <p>_____</p>

GENERAL INFORMATION

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No
(Proof of citizenship or immigration status is required upon employment.)

Are you over 18 years of age? Yes No
If not, employment is subject to verification of age.

Have you ever been convicted of a felony? Yes No
Conviction will not necessarily disqualify an applicant for employment.
If yes, please explain: _____

Please list any foreign languages you can speak, read and/or write:

Speak			
Read			
Write			

REFERENCES

Name	Address	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 authorize **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 off 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 period 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.

Applicant's Signature

Date

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Somervell County Sheriff's Department, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans; employment and pre-employment records, including background checks, efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Somervell County Sheriff's Department. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability that may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Printed Name

Signature

Address

Phone Number

Social Security Number

Subscribed and sworn to before me this _____ day of _____

Notary Public