



# ANDREWS 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: \_\_\_\_\_

**PERSONAL**

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

(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 Andrews 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

Andrews 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 :

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:

## 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

<b>Date You Can Start:</b>	<b>How did you hear about this job?</b>
<b>Job Title of Position(s) Desired:</b>	
<b>Type of Position Desired:</b> <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>	
<b>Specify Days Of The Week And Number Of Hours Preferred:</b>	
<b>Will You Work Irregular Hours?</b> <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:

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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:

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## PERSONAL REFERENCES

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

NAME	ADDRESS OR EMAIL 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 Andrews 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 and kept on file for 6 months. 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 Andrews 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 Andrews 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
- \_\_\_\_\_ Reason for Leaving
- \_\_\_\_\_ Eligibility for Rehire
- \_\_\_\_\_ Drug and Alcohol Testing Records

Educational Institutions:

- \_\_\_\_\_ Years of Attendance
- \_\_\_\_\_ Degree Obtained
- \_\_\_\_\_ Transcript

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Signature

Date

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Print Name

**Last 4 digits ONLY** of the SSN





# ANDREWS COUNTY

## EQUAL OPPORTUNITY DATA SHEET

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

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position : \_\_\_\_\_

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
- Yes

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

**Disabled:**

- Yes
- No







**ANDREWS COUNTY**  
**BACKGROUND CHECK AUTHORIZATION**  
*EQUAL OPPORTUNITY EMPLOYER*

**NOTE TO APPLICANT:** Due to requirements placed upon the County by insurance and other regulating agencies, it is necessary to run driving records and criminal records to be approved for hire. If you need assistance in completing this application, please inquire at our Human Resources Department.

***PERSONAL***

<b>Name:</b>			
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Other Names Used)</i>
<b>Present Address:</b>			
<i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
<b>Permanent Address:</b>			
<i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
<b>Social Security #:</b>		<b>Date of Birth:</b>	
<b>Telephone Number:</b>			
<b>Driver's License Number/State/Class:</b>			

The information contained in this application is correct to the best of my knowledge. I hereby authorize Andrews County and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas; verification of social security number; current and previous residences; employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration, and law enforcement agencies, to divulge any and all information, verbal or written, pertaining to me, to Andrews County or its agents. I further authorize the complete release of any records or data pertaining to me which the individuals, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Andrews County, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_