



# HUNT 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. A job description will be available for your review for each job posted.

### PLEASE PRINT IN INK

DATE OF APPLICATION			
NAME (As it appears on Social Security Card / Work Permit Card)	Last	First	M.I.
SOCIAL SECURITY NUMBER			
ADDRESS			
CITY, STATE, ZIP			
HOME TELEPHONE	ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CELL TELEPHONE	POSITION APPLIED FOR:		
EMAIL ADDRESS			

WHAT INFLUENCED YOU TO APPLY FOR EMPLOYMENT WITH THE COUNTY OF HUNT? (CHECK ONE)

FRIEND/RELATIVE \_\_\_\_\_ NEWS MEDIA AD \_\_\_\_\_ PRIVATE EMPLOYMENT AGENCY \_\_\_\_\_

HUNT COUNTY'S WEBSITE \_\_\_\_\_ STATE EMPLOYMENT REFERRAL \_\_\_\_\_

OTHER (Please Specify) \_\_\_\_\_

DATE AVAILABLE		NOTICE GIVEN	
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<p>HAVE YOU EVER BEEN CONVICTED, OR PLED GUILTY OR NO CONTEST TO, A FELONY OFFENSE? IF SO, PLEASE EXPLAIN. IMPORTANT: FOR PURPOSES OF EMPLOYMENT WITH HUNT COUNTY, "CONVICTIONS" INCLUDE SENTENCED TO CONFINEMENT, PAID FINE, TIME SERVED, PLACED ON PROBATION (INCLUDING DEFERRED ADJUDICATION) AND COURT-ORDERED RESTITUTION. A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, give location, date, charge and disposition of case(s) on a separate page</p>	<p>HUNT COUNTY REQUIRES ALL EMPLOYEES TO HAVE A CURRENT TEXAS DRIVER'S LICENSE</p> <p>TEXAS DRIVER'S LICENSE:</p> <p>DRIVER'S LIC# _____</p> <p>TYPE: _____</p> <p>RESTRICTIONS: _____</p> <p>EXPIRES: _____</p>	<p>CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>
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Middle Initial:

First Name:

Last Name:

## EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST 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) \_\_\_\_\_ YOUR POSITION \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ EMAIL \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
JOB DUTIES & RESPONSIBILITIES \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY CAN WE CONTACT?  YES  NO  
START FINAL

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ YOUR POSITION \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ EMAIL \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
JOB DUTIES & RESPONSIBILITIES \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY CAN WE CONTACT?  YES  NO  
START FINAL

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ YOUR POSITION \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ EMAIL \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
JOB DUTIES & RESPONSIBILITIES \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY CAN WE CONTACT?  YES  NO  
START FINAL

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ YOUR POSITION \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ EMAIL \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
JOB DUTIES & RESPONSIBILITIES \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY CAN WE CONTACT?  YES  NO  
START FINAL

(ATTACH ADDITIONAL PAGE IF NECESSARY)

## EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

(ATTACH ADDITIONAL PAGE IF NECESSARY)

I HEREBY AUTHORIZE HUNT COUNTY TO CONTACT:

PRESENT EMPLOYER(S):

YES  NO

PAST EMPLOYERS:

YES  NO



## LICENSES/CERTIFICATIONS/ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	ENDORSEMENTS	REGISTRATION NUMBER	STATE	EXPIRES MO / YR
PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)	NAME	DATE	ADDITIONAL INFORMATION	NAME	DATE	
Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status						

## JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

## REFERENCES

NAME _____ ADDRESS _____ CITY, STATE, ZIP _____ DAYTIME PHONE _____ EMAIL _____ RELATIONSHIP _____ <div style="text-align: right; font-size: small;">(No Relatives or Previous Employers)</div>	NAME _____ ADDRESS _____ CITY, STATE, ZIP _____ DAYTIME PHONE _____ EMAIL _____ RELATIONSHIP _____ <div style="text-align: right; font-size: small;">(No Relatives or Previous Employers)</div>
NAME _____ ADDRESS _____ CITY, STATE, ZIP _____ DAYTIME PHONE _____ EMAIL _____ RELATIONSHIP _____ <div style="text-align: right; font-size: small;">(No Relatives or Previous Employers)</div>	NAME _____ ADDRESS _____ CITY, STATE, ZIP _____ DAYTIME PHONE _____ EMAIL _____ RELATIONSHIP _____ <div style="text-align: right; font-size: small;">(No Relatives or Previous Employers)</div>

## AUTHORIZATION AND AGREEMENT

### HUNT COUNTY

Human Resources/Risk Management  
P.O. Box 1097  
Greenville, TX 75403-1097

Telephone (903) 408-4103  
Fax (903) 408-4291

#### TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, HEREBY REQUEST AND AUTHORIZE YOU TO FURNISH HUNT COUNTY WITH ANY AND ALL INFORMATION REQUESTED CONCERNING MY WORK RECORD, EDUCATIONAL HISTORY, MILITARY RECORD, FINANCIAL STATUS, CRIMINAL RECORD, GENERAL REPUTATION AND PAST OR PRESENT MEDICAL CONDITION(S). THIS AUTHORIZATION IS SPECIFICALLY INTENDED TO INCLUDE ANY AND ALL INFORMATION OF CONFIDENTIAL DOCUMENTS, IF REQUESTED. THE INFORMATION WILL BE USED FOR THE PURPOSE OF DETERMINING MY ELIGIBILITY FOR EMPLOYMENT.

I HEREBY RELEASE YOU AND YOUR ORGANIZATION FROM ANY LIABILITY WHICH MAY OR COULD RESULT FROM FURNISHING THE INFORMATION REQUESTED ABOVE OR FROM ANY SUBSEQUENT USE OF SUCH INFORMATION IN DETERMINING MY QUALIFICATIONS FOR EMPLOYMENT.

THIS AUTHORIZATION IS FOR THE PERIOD OF SIX (6) MONTHS FROM DATE OF SIGNATURE:

DOB: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## 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

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

Rev. 09/2013

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Maiden/Other Names Used

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hunt County  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>		
CCH Report Printed:		
YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	_____ initial
Purpose of _____ Applicant		
Emp <input type="checkbox"/>	Vol/Contr <input type="checkbox"/>	_____ initial
Date _____		_____ initial
Destroyed _____		_____ initial
<b>Retain in your files</b>		

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without a reason. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

**\*Full time – 40 hours a week with benefits – \*Part time/hourly-As needed with retirement -- \*Temporary – Special projects with an end date -- \*Seasonal – Summer/Holiday help only.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Commissioner's Court Approval Date: \_\_\_\_\_

-----  
Name \_\_\_\_\_ Date \_\_\_\_\_

Employed? \_\_\_\_ Yes \_\_\_\_ No Date of Employment: \_\_\_\_\_

Job Title \_\_\_\_\_ Department: \_\_\_\_\_

Grade \_\_\_\_\_ Hourly Rate/ Salary \_\_\_\_\_

\*Fulltime \_\_\_\_\_ \*PT/hourly \_\_\_\_\_ \*Temporary \_\_\_\_\_ \*Seasonal \_\_\_\_\_

\*\*Expected Temporary Assignment Completion Date \_\_\_\_\_

Employee Evaluation on file \_\_\_\_\_ Effective Date \_\_\_\_\_

Notes \_\_\_\_\_

Signature Elected Official/Dept. Head \_\_\_\_\_

(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)

**\*\*\* VOLUNTARY AFFIRMATIVE ACTION INFORMATION \*\*\***

**THE COUNTY OF HUNT IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION 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. As an employer with an Equal Opportunity Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is **OPTIONAL**. If you **choose** to **volunteer** the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OF ANY DATE WILL NOT AFFECT ANY EMPLOYMENT DECISION.

NAME \_\_\_\_\_

LAST

FIRST

M.I.

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SEX: MALE  FEMALE  BIRTHDATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AGE: \_\_\_\_\_  
MO. DAY YEAR

CHECK ALL THAT APPLY: DISABLED  VETERAN  RESERVE

YOUR RACE/ETHNIC GROUP – CHECK ONE:

AMERICAN INDIAN \_\_\_\_\_, (Indicate Tribal Affiliation) \_\_\_\_\_

ASIAN OR PACIFIC ISLANDER \_\_\_\_\_ BLACK (Non-Hispanic) \_\_\_\_\_ ALASKAN NATIVE \_\_\_\_\_

HISPANIC \_\_\_\_\_ WHITE (Non-Hispanic) \_\_\_\_\_ OTHER (Specify) \_\_\_\_\_

**\*\*\* NOT FOR INTERVIEW PURPOSES – TO BE FILED SEPARATELY \*\*\***