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?	☐ YES ☐ 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	

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.

☐NO ☐YES If Yes, give location, date, charge and disposition of case(s) on a separate page

HUNT COUNTY REQUIRES ALL EMPLOYEES TO HAVE A CURRENT TEXAS DRIVER'S LICENSE

TEXAS DRIVER'S LICENSE:

DRIVER'S LIC#_____

TYPE: _____

RESTRICTIONS: _____

EXPIRES: _____

Verified by:_____

CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?

☐ NO ☐ YES

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

U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

☐ Veteran ☐ Disabled ☐ Reserve ☐ National Guard

From: _____ to: _____ _____

Dates Served Type of Discharge

EDUCATION / SKILLS

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	GRADUATED	DATE AWARDED	DEGREE	MAJOR
HIGH SCHOOL				9 10 11 12	Y N			
COMMUNITY or JUNIOR COLLEGE				1 2				
				1 2				
BUSINESS or TRADE SCHOOL				1 2				
COLLEGE or UNIVERSITY				1 2 3 4				
				1 2 3 4				
				1 2 3 4				
GRADUATE SCHOOL								

COMPETENCIES

Typing Speed:	Skills:	Clerical Experience:	Your Proficiency:
☐ Below 40 wpm	☐ 10-key by touch	☐ Receptionist	☐ Skilled ☐ Competent ☐ Familiar
☐ 40-49 wpm	☐ Microsoft Excel	☐ Data Entry	☐ Skilled ☐ Competent ☐ Familiar
☐ 50-59 wpm	☐ Microsoft Word	☐ Bookkeeping	☐ Skilled ☐ Competent ☐ Familiar
☐ 60-69 wpm	☐ Microsoft Power Point	☐ Filing	☐ Skilled ☐ Competent ☐ Familiar
☐ Above 70 wpm	☐ Microsoft Outlook	☐ Purchasing	☐ Skilled ☐ Competent ☐ Familiar
	☐ Adobe Acrobat	☐ Secretarial	☐ Skilled ☐ Competent ☐ Familiar
	☐ Other software	☐ Records Management	☐ Skilled ☐ Competent ☐ Familiar
	☐ Court Reporting	☐ Cashier (electronic)	☐ Skilled ☐ Competent ☐ Familiar
	☐ Other:	☐ Other:	☐ Skilled ☐ Competent ☐ Familiar

LABOR/MAINTENANCE/SKILLED CRAFT/EQUIPMENT OPERATION

Skill Areas:	No. of Years Exp:	Equipment Operated:	No. of Years Exp:
☐ Concrete finishing		☐ Water truck	
☐ Welding		☐ Chip Spreader	
☐ Asphalt work		☐ Backhoe	
☐ Surveying		☐ Front End Loader	
☐ Setting grades		☐ Bulldozer	
☐ Flagging		☐ Track hoe	
☐ Plumbing		☐ Tractor Trailer	
☐ Painting		☐ Tractor with mower	
☐ Carpentry		☐ Hydraulic excavator	
☐ Electrical		☐ Motor grader	
☐ HVAC		☐ Dump truck	
☐ Auto mechanic		☐ Winch truck:	
☐ Heavy equip. mechanic		☐ Roller-packer	
☐ Sign maintenance		☐ Pneumatic roller	
☐ Grounds keeping/landscaping		☐ Other:	
☐ Road maintenance/construction			**Endorsements**
☐ Other		☐ CDL Class A:	
☐ Other		☐ CDL Class B:	

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	NAME	DATE	ADDITIONAL INFORMATION	NAME	DATE
(Job Related)					
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 ______________________________
(No Relatives or Previous Employers)

NAME ____________________________________
ADDRESS _________________________________
CITY,STATE,ZIP______________________________
DAYTIME PHONE ____________________________
EMAIL__________ ______________________________
RELATIONSHIP ______________________________
(No Relatives or Previous Employers)

NAME ____________________________________
ADDRESS _________________________________
CITY,STATE,ZIP______________________________
DAYTIME PHONE ____________________________
EMAIL__________ ______________________________
RELATIONSHIP ______________________________
(No Relatives or Previous Employers)

NAME ____________________________________
ADDRESS _________________________________
CITY,STATE,ZIP______________________________
DAYTIME PHONE ____________________________
EMAIL__________ ______________________________
RELATIONSHIP ______________________________
(No Relatives or Previous Employers)

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

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 *****