

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 understand, also, 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:
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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 _____