

Application for Employment

Please Print

Equal access to programs, services and employment opportunities is available to all persons without regard to race, color, sex (including pregnancy), religion, national origin, disability, age, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name _____ Applicant ID # _____
Last First Middle

Address _____
Street City State ZIP Code

Telephone # () _____ Cellular/Other Phone # () _____ E-mail Address _____

Position(s) applied for _____ Date of application ____/____/____

Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) _____

If necessary, best time to call you is _____ : _____
AM PM
 Home Cellular/Other

May we contact you at work? Yes No

If yes, work number and best time to call:

() _____ : _____
AM PM

If you are under 18 and it is required, can you furnish a work permit?..... N/A Yes No

If no, please explain: _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s): _____

Have you ever been employed here before? Yes No

If yes, give dates: From ____/____/____ To ____/____/____

Is this application a request for reemployment following an extended military leave of absence from this company? Yes No

If yes, additional information may be requested.

Are you lawfully authorized to work in the United States? Yes No

Date available for work _____/____/____

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Type of employment desired: Full-Time Part-Time
 Educational Co-Op Seasonal Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? ... N/A Yes No

Will you work overtime if required?..... Yes No

If no, please explain: _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying:

_____ State _____

Have you ever been bonded? Yes No

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? NOTE: Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. **You are not obligated to disclose juvenile records that have been sealed.** Yes No

If yes, please provide date(s) and details:

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? Yes No

If yes, please explain: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... Yes No

If yes, please explain: _____

Skills and Qualifications

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Include software titles and level of experience, such as basic, intermediate, or advanced.)

- Word Processing _____ Level: _____ Internet _____ Level: _____
- Spreadsheet _____ Level: _____ Other _____ Level: _____
- Presentation _____ Level: _____ Other _____ Level: _____
- E-mail _____ Level: _____ Other _____ Level: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	# of Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Related Information

When answering these questions, please exclude any information that would reveal race, color, sex (including pregnancy), religion, national origin, disability, age, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? _____

List special accomplishments, publications, awards, etc. _____

List any relevant volunteer work. _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, color, sex (including pregnancy), religion, national origin, disability, age, genetic information, or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____



©2016 ComplyRight, Inc.
A2179_TX

This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or inability to use this product. You are urged to consult an attorney concerning your particular situation and any specific questions or concerns you may have.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.





Atascosa County Treasurer's Office
1 Courthouse Circle Drive, Suite 103
Jourdanton, Texas 78026
Phone: (830) 769-3024
Fax: (830) 769-3854

**EMPLOYEE AGREEMENT AND CONSENT TO
DRUG AND/OR ALCOHOL TESTING**

Atascosa County maintains a drug and alcohol-free workplace. As such, employment with Atascosa County ("the County") is contingent upon the successful completion of a drug and/or alcohol screening.

I hereby agree, upon a request made under County Policy, to submit a drug and alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis at a facility designated by the County. I understand that if I at any time refuse to submit to a drug and alcohol test under County Policy, or if I otherwise fail to cooperate with testing procedures, I will be precluded from further consideration for employment, or subject to immediate termination from the County. I also authorize the County to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I further understand that Atascosa County will require a drug screen and/or alcohol screen whenever I am involved in an on-the-job accident or injury if circumstances suggest possible involvement or influence of drugs and/or alcohol in the accident, and I agree to submit to any such test.

I also understand that only duly-authorized County officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the County and any testing facility it has designated to conduct drug and/or alcohol screenings, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing. I will further hold harmless the County and its designated testing facility for any alleged harm to me that might result from the release or use of information or documentation relating to the drug and alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the above paragraph.

This policy and authorization have been explained to me in a language that I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

Signature of Employee

Date

Employee's Name Printed

Laura Pawelek

County Representative

Laura Pawelek

Date

County Representative Name