

# 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	<b>Compensation (Starting)</b>
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:	<b>Compensation (Final)</b>
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$      per
		Commission/Bonus/Other Compensation \$
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	<b>Compensation (Starting)</b>
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:	<b>Compensation (Final)</b>
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$      per
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		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$      per
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		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$      per
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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 \_\_\_\_/\_\_\_\_/\_\_\_\_



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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*

\_\_\_\_\_  
County Representative Name

\_\_\_\_\_  
Date