

APPLICATION FOR EMPLOYMENT

COUNTY OF BANDERA
1214 HACKBERRY
P.O. BOX 563 (MAILING)
BANDERA, TEXAS 78003



An Equal Opportunity Employer

Position(s) desired: Salary expected:
(Specific Job Title(s))

Date available for work: Full-time Part-time

If Part-time, specify days and hours per week:

1. Name: 2. Driver's License Number/State:
3. Maiden Name and/or Nicknames:

4. Mailing Address: Street City State and Zip Code

5. Physical Address: Street City State and Zip Code

6. Phone Number(s): Home: Work: Cell:

7. Are you over 18 years old? 8. Are you lawfully eligible to work in the United States?

9. List all previous addresses for the past five (5) years:

Table with 4 columns: Number & Street, City, State & Zip, (Dates) From - To. Contains 5 rows for listing previous addresses.

Office use only

Date Application received: Time Received: a.m./p.m.

10. SCHOOLS ATTENDED:

High School: Name: _____ Address _____

Did you graduate? _____ Major Studies _____

Business or Trade School: Name _____ Address: _____

Years attended: _____ Did you Graduate? _____ Major Studies: _____

College: Name: _____ Address: _____

Years attended: _____ Did you Graduate? _____ Major Studies: _____

Other: (Specify): Name: _____ Address: _____

Special qualifications (include technical and professional licenses, academic and professional awards, etc.): _____

11. OFFICE SKILLS:

Calculator Computer Copy Machine Adding Machine Switchboard/elephone

Typewriter Scanner Filing Alphabetizing Facsimile

Other (Specify): _____

12. ARE YOU A VETERAN? Yes No Branch of Service: _____

Date of Service: From _____ to _____ Type of Discharge: _____

List of duties performed in Service: _____

13. EMPLOYMENT RECORD – *List all present and past employment beginning with the most recent first.*

Employer's Name: _____ From _____ To _____

Address: _____ Phone No.: _____

Type of Business: _____ Salary (starting) _____ (ending) _____

Name & Title of Supervisor: _____

Your Job Title: _____ Reason for Leaving: _____

Briefly describe the nature and duties of your position: _____

Employer's Name: _____ From _____ To _____
Address: _____ Phone No.: _____
Type of Business: _____ Salary (starting) _____ (ending) _____
Name & Title of Supervisor: _____
Your Job Title: _____ Reason for Leaving: _____
Briefly describe the nature and duties of your position: _____

Employer's Name: _____ From _____ To _____
Address: _____ Phone No.: _____
Type of Business: _____ Salary (starting) _____ (ending) _____
Name & Title of Supervisor: _____
Your Job Title: _____ Reason for Leaving: _____
Briefly describe the nature and duties of your position: _____

Employer's Name: _____ From _____ To _____
Address: _____ Phone No.: _____
Type of Business: _____ Salary (starting) _____ (ending) _____
Name & Title of Supervisor: _____
Your Job Title: _____ Reason for Leaving: _____
Briefly describe the nature and duties of your position: _____

Employer's Name: _____ From _____ To _____
Address: _____ Phone No.: _____
Type of Business: _____ Salary (starting) _____ (ending) _____
Name & Title of Supervisor: _____
Your Job Title: _____ Reason for Leaving: _____
Briefly describe the nature and duties of your position: _____

14. May we contact your present employer? Yes No

15. Have you ever been dismissed or asked to resign from any position? Yes No

If yes, explain: _____

16. Have you ever been convicted of a felony? Yes No

If yes, explain: _____

17. List any friends or relatives currently working for the County of Bandera: _____

18. Have you been previously employed by the County? Yes No When? _____

19. Do you have a reliable means of transportation to work? Yes No

20. PERSONAL REFERENCES (*Do not list former employees or relatives – only those who can provide education or character references*):

Name: _____ Occupation: _____
Address: _____ Home Phone: _____
_____ Other Phone: _____

Name: _____ Occupation: _____
Address: _____ Home Phone: _____
_____ Other Phone: _____

Name: _____ Occupation: _____
Address: _____ Home Phone: _____
_____ Other Phone: _____

Name: _____ Occupation: _____
Address: _____ Home Phone: _____
_____ Other Phone: _____

21. How did you learn of this Position? _____

APPLICANT’S CERTIFICATION AND AGREEMENT

The facts set forth in this application for employment are true and complete to the best of my knowledge. I understand, that if I am employed, false statements, omissions, or misrepresentations may result in my dismissal. I authorize Bandera County to make an investigation of any of the facts set forth in this application as well a criminal background check.

I understand that employment with Bandera County is “at will,” which means that either I or Bandera County can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. No contract of employment shall exist between Bandera County and myself for any duration, either specified or unspecified. All employment is continued on that basis.

Signature: _____ Date: _____

It is the policy of Bandera County to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.