

COUNTY OF BANDERA
1207 PECAN
P.O BOX 563
BANDERA, TEXAS 78003



AN EQUAL OPPORTUNITY EMPLOYER

Position(s) Desired: _____ Date of Application: _____
(Specific Job Title(s))

Salary Expected: _____

Availability: _____ Date Available: _____
(Check All Applicable Squares)

Full-Time Part-Time Temporary Shiftwork

Please specify days and hours per week: _____

PERSONAL INFORMATION

Name: _____ Driver's License #/State: _____

Maiden and/or Nicknames: _____

Mailing Address: _____
(Street) (City) (State and Zip)

Physical Address: _____
(Street) (City) (State and Zip)

Phone: Home: _____ Work: _____ Cell: _____

Are you over 18 years of age? Yes No Are you eligible to work in the United States? Yes No

GENERAL INFORMATION

May we contact your present employer? Yes No

Have you ever been employed by Bandera County? Yes No If yes, when? _____

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

Please list any languages you speak fluently (not including English): _____

How did you learn of this position? Friend or County Employee Bandera Bulletin The Prophet
 County Website Chamber of Commerce Website Facebook

OFFICE USE ONLY

Date Received: _____ Time Received: _____ a.m./p.m.

List any relatives currently employed by Bandera county: _____

Have you been terminated from employment or asked to resign? Yes No

If yes, please explain: _____

Have you been convicted of a felony? Yes No

If yes, please explain: _____

Please list all previous addresses for the last 5 years:

(Number & Street) (City) (State & Zip) (Dates: from/to)

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(Number & Street) (City) (State & Zip) (Dates: from/to)

EDUCATION INFORMATION

High School: _____
(Name and Address)

Did you graduate? Yes No

Business or Trade School: _____
(Name and Address)

Years Attended: _____ Major Studies: _____

Did you graduate? Yes No

College: _____
(Name and Address)

Years Attended: _____ Major Studies: _____

Did you graduate? Yes No

Other (Specify): _____
(Name and Address)

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

OFFICE SKILLS
(Circle all that apply)

10-Key	Calculator	Computer	Copier	Telephone
Scanner	Typewriter	Filing	Fax	Alphabetizing
Microsoft Word	Microsoft Excel	Microsoft PowerPoint	Outlook Email	

Other (Specify): _____

VETERAN INFORMATION

Are you a Veteran? Yes No Branch of Service: _____

Dates of Service: _____ to _____ Type of Discharge: _____

List Duties Performed in Service: _____

EMPLOYMENT INFORMATION

(List all present and past employment beginning with the most recent first)

Employer's Name: _____ From: _____ to _____

Address: _____ Phone: _____

Type of Business: _____ Your Job Title: _____

Salary: (start) _____ (end) _____ Reason for Leaving: _____

Supervisor: _____
(Name and Title)

Briefly describe the nature and duties of your position: _____

Employer's Name: _____ From: _____ to _____

Address: _____ Phone: _____

Type of Business: _____ Your Job Title: _____

Salary: (start) _____ (end) _____ Reason for Leaving: _____

Supervisor: _____
(Name and Title)

Briefly describe the nature and duties of your position: _____

Employer's
Name: _____ From: _____ to _____

Address: _____ Phone: _____

Type of Business: _____ Your Job Title: _____

Salary: (start) _____ (end) _____ Reason for Leaving: _____

Supervisor: _____
(Name and Title)

Briefly describe the nature and duties of your position: _____

Employer's
Name: _____ From: _____ to _____

Address: _____ Phone: _____

Type of Business: _____ Your Job Title: _____

Salary: (start) _____ (end) _____ Reason for Leaving: _____

Supervisor: _____
(Name and Title)

Briefly describe the nature and duties of your position: _____

Employer's
Name: _____ From: _____ to _____

Address: _____ Phone: _____

Type of Business: _____ Your Job Title: _____

Salary: (start) _____ (end) _____ Reason for Leaving: _____

Supervisor: _____
(Name and Title)

Briefly describe the nature and duties of your position: _____

PERSONAL REFERENCES

(Do Not list former employees or relatives – only those who can provide education or character references.)

Name: _____
Address: _____

Occupation: _____
Home Phone: _____
Other Phone: _____

Name: _____
Address: _____

Occupation: _____
Home Phone: _____
Other Phone: _____

Name: _____
Address: _____

Occupation: _____
Home Phone: _____
Other Phone: _____

Name: _____
Address: _____

Occupation: _____
Home Phone: _____
Other Phone: _____

Name: _____
Address: _____

Occupation: _____
Home Phone: _____
Other Phone: _____

APPLICANT’S CERTIFICATION AND AGREEMENT

The facts set forth in the 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 termination. 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.