

ROBERTSON COUNTY APPLICATION FOR EMPLOYMENT

Date received	
Time received	
Received by	

Job Applicant No.

<u>PRINT IN BLACK INK OR TYPE</u>. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. Robertson County is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but <u>each copy must be signed</u>. Resumes will not be accepted in lieu of applications, unless specifically stated in the job vacancy notice. This application becomes public record and is subject to disclosure.

With few exceptions, you have the right to request and be informed about information that Robertson County collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023 and 559.004.)

NAME	· ·	(,) -
(Last) (First)	(Middle)	(Daytime Phone)
MAILING ADDRESS		(') ~ .
(Street) (City)	(State) (Zip) (Country)	(Work Phone, Optional)
E-MAIL ADDRESS		· · ·
List any other names used if different from name on this	application.	
List exact title of position or type of work and loca	tion for which you wish to	
apply:		
List the department with which you wish to apply:	Do you have any relatives working for the C relationships:	ounty? If so, list names and
		-
Full-Time Part-Time Summer Temp/Project	Date available for work? Are	you at least 17 years of age? Yes No
Ar∉ you willing to work hours other than 8-5? Yes No	What days are you unable to work?	
Are you willing to travel? Yes No If	yes, what percent of time?	
Current Driver's License # (if required for position)		Commercial Driver's License Yes No
	tate) (Number)	
Geographic preference. (Be specific to city/area. If no	preference, write "statewide.")	
Have you ever been convicted of a felony or subject concise detail on a separate page, giving dates and na may not disqualify you, but a false statement will. Note	ture of the offense, name and location of the court, a	and disposition of the case(s). A conviction
EDUCATION (NOTE: Applicants may be required to	provide proof of diploma, degree, transcripts, license	es, certifications, and registrations.)
High School Graduate or GED? Yes No If yes, name	e and location of high school or GED institute:	

Туре		C)ates /	ttende	ed	Date	Expected	Sem/Clock	Туре	Major/Minor
of	Name and Location	Fre	om	ד {	Го	Graduated	Graduation	Hours	of Diploma	Fields
School	of School	Mo.	Yr.	Mo.	Yr.		Date	Completed	or Degree	of Study
Undergraduate							· ·	· ·		
Colleges or Universities										
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Graduate						-				· · ·
Schools										
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Technical or										
Vocational Schools										
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AN EQUAL OPPORTUNITY EMPLOYER

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date issued	Date expires	Issued by/Location of issuing aut (State or other authority) (City &		License No.
	155060	expires	(State of other autionty) (City a	Slale	License No.
ecial Training/Skills/Qualifica Iculators, printing or graphics ec	tions: List al uipment, con	ll job related nputer equip	training or skills you possess and machines of ment, types of software and hardware. (Attac	or office equipme ch additional pag	ent you can use, such as le, if necessary.)
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proximately how many words p	er minute do	you type?			
gn Language (If required for this	position) Yes	s No	Are you	a certified interp	oreter? Yes No
o you speak a language other th yes, what language(s) do you sp			· · ·	low fluently? Fai	r Good Excellent
yes, what language(s) so you sp	<u> </u>				
o you write in a language other t yes, which language(s)	•	(If required			
eve you ever been employed by	Robertson C	ountv? Ye	s No Are you currently employed	Yes No	
you have been previously emplo	уеа су коре	rison County	/, list the departments,		
	report of sep		the Armed Services may be required.) If discharge		
ILITARY SERVICE (A copy of a Are you a veteran? Yes No Dates of Service (From/To) Are you a surviving spouse	report of sep	aration from es, list type c who has not	the Armed Services may be required.)	urviving orphan c	of a veteran? Yes No
ILITARY SERVICE (A copy of a Are you a veteran? Yes No Dates of Service (From/To)	report of sep	aration from es, list type c who has not	the Armed Services may be required.)	urviving orphan c	of a veteran? Yes No
MLITARY SERVICE (A copy of a Are you a veteran? Yes No Dates of Service (From/To) Are you a surviving spouse If yes, complete dates of se PLEASE	report of sep If ye of a veteran ervice for vete EREAD TH	aration from es, list type c who has not eran E FOLLOW	the Armed Services may be required.)	INDICATE YO	UR
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EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

- 1. <u>Include ALL employment</u>. Begin with your current or last position and work back to your first. Employment history should include each position held, even those with the same employer.
- 2. EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.
- 3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you have held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Nam	ie								
			Last				First	Middle	
Emplo Mailin City &	g Addre State/	ess: ZIP:	one No.:	()				Immediate Supervisor Name: Title:	Full-Time Part-Time Summer Temp/Project
				/ing Dat	10	Current/	Technical	Supervisor's Telephone No.:	Give average #
Mo.	ting Da Day		Mo.	Day	Yr.	Final Salary	Non-Managerial	If supervisory, number of employees you	of hours worked per week if part-time:
1110.						\$	Supervisory/Managerial	supervised:	
	-			_	specia		/qualifications you have us	ed in the performance of this job:	
Positi	on Title		or leavi	ng:			·····	Immediate Supervisor Name:	Full-Time
Emple	oyer: Ig Addr	ess:							Part-Time Summer
City 8	State	ZIP						Title:	Temp/Project
Empl	oyer's	Telepi	none No.	:()				Supervisor's Telephone No.:	Give average #
Sta	rting Da			ving Da		Current/	Technical	()	of hours worked per
Mo.	Day	Υr	Mo.	Day	Yr.	Final Salary	Non-managerial Supervisory/Managerial	If supervisory, number of employees you supervised:	week if part-lime:
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Spe	cific re	ason	for leav	ring:					

Employer: Aailing Äddress:			Immediate Supervisor Name:	Full-Time
Jalling Address.				Part-Time Summer
City & State/ZIP:			Title:	Temp/Project
Employer's Telephon	e No.: ()			iomph loject
		Supervisor's Telephone No.:	Give average #	
Starting Date	Leaving Date	Current/ Technical Final Salary Non-managerial		of hours worked p
Mo. Day Yr.	Mo. Day Yr.	Final Cuary Supportions/Manage	If supervisory, number of employees you	week if part-time
			supervised: sused in the performance of this job:	.l
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Specific reason for Position Title:	leaving:	······	Immediate Supervisor Name:	Full-Time
Employer: Mailing Address:			Title:	Part-Time Summer
City & State/ZIP: Employer's Telepho	ne No.: ()			Temp/Project
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Starting Date	Leaving Date	Current/ Technical	()	of hours worked p
Mo. Day Yr	. Mo. Day Yr.	Final Salary Non-managerial Supervisory/Managerial	If supervisory, number of employees you	week if part-time:
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			e used in the performance of this job:	

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