



**AN EQUAL OPPORTUNITY EMPLOYER**

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following.

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

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Approximately how many words per minute do you type? \_\_\_\_\_

Sign Language (If required for this position) Yes No

Are you a certified interpreter? Yes No

Do you speak a language other than English? (If required for this position) Yes No  
If yes, what language(s) do you speak? \_\_\_\_\_

How fluently? Fair Good Excellent

Do you write in a language other than English? (If required for this position) Yes No  
If yes, which language(s) \_\_\_\_\_

Have you ever been employed by Robertson County? Yes No

Are you currently employed? Yes No

If you have been previously employed by Robertson County, list the departments: \_\_\_\_\_

**MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required.)**

Are you a veteran? Yes No      If yes, list type of discharge \_\_\_\_\_

Dates of Service (From/To): \_\_\_\_\_

Are you a surviving spouse of a veteran who has not remarried? Yes No

Are you a surviving orphan of a veteran? Yes No

If yes, complete dates of service for veteran \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

- I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
- I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
- I understand that the State of Texas requires all males who are 18 through 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.
- I understand that some state agencies will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
- I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

THIS APPLICATION MUST BE SIGNED      SIGN HERE:

**X**

Signature – Applicant

Date

# 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. Include ALL employment. 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.

**Name** \_\_\_\_\_

Last

First

Middle

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: (     )							Immediate Supervisor Name:  Title:  Supervisor's Telephone No.: (     )		Full-Time Part-Time Summer Temp/Project  Give average # of hours worked per week if part-time:
Starting Date Mo. Day Yr.			Leaving Date Mo. Day Yr.			Current/ Final Salary \$	Technical Non-Managerial Supervisory/Managerial	If supervisory, number of employees you supervised:	

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: (     )							Immediate Supervisor Name:  Title:  Supervisor's Telephone No.: (     )		Full-Time Part-Time Summer Temp/Project  Give average # of hours worked per week if part-time:
Starting Date Mo. Day Yr.			Leaving Date Mo. Day Yr.			Current/ Final Salary \$	Technical Non-managerial Supervisory/Managerial	If supervisory, number of employees you supervised:	

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Mo.	Day	Yr.	Mo.	Day	Yr.					

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