

**ROBERTSON COUNTY, TEXAS  
APPLICATION FOR EMPLOYMENT**

**PRINT IN INK OR TYPE:** 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 pursuant to the Texas Employment Discrimination Law and other and other relevant federal, state and local laws. Resumes will not be accepted in Lieu of applications. This application becomes public record and is subject to disclosure.

(PLEASE PRINT)

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

List any other names used if different from name on this application. \_\_\_\_\_

Position applied for: \_\_\_\_\_

Do you have any friends or relatives working for Robertson County? If so, state name, relationships and location: \_\_\_\_\_

Circle one: Full-Time Part-Time Summer Temp/Project Date Available for work? \_\_\_\_\_

What is your desired salary range? \_\_\_\_\_

Are you 18 years of age? \_\_\_Yes\_\_\_No

Are you willing to work hours other than 8am – 5pm? \_\_\_Yes\_\_\_No

Are you willing to travel? \_\_\_Yes\_\_\_No

What days are you unable to work? \_\_\_\_\_

Current Driver's License Number (if required for position): \_\_\_\_\_  
(State) (Number)

Commercial Driver's License \_\_\_Yes\_\_\_No

Best time to contact you is: \_\_\_\_\_

Have you ever filed an application with Robertson County before? \_\_\_Yes\_\_\_No

If yes, give date and office: \_\_\_\_\_

Have you ever been employed with Robertson County before? \_\_\_Yes\_\_\_No

If yes, give date and office: \_\_\_\_\_

Are you currently employed? \_\_\_Yes\_\_\_No May we contact your present employer? \_\_\_Yes\_\_\_No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_Yes\_\_\_No

*Proof of citizenship or immigration status will be required upon employment.*

Are you currently on "lay-off" status and subject to recall? \_\_\_Yes\_\_\_No

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? \_\_\_Yes\_\_\_No

If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some agencies require additional information related to convictions of misdemeanors.

**EDUCATION**

*(NOTE: Applicants may be required to provide proof of diploma, transcripts, licenses, certifications, and registrations.)*

High School Graduate or GED?  Yes  No

If yes, name and location of high school or GED institute: \_\_\_\_\_

Undergraduate Colleges or Universities: \_\_\_\_\_  
(Name and Address)

Course of Study: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Diploma/Degree: \_\_\_\_\_

Graduate Schools: \_\_\_\_\_  
(Name and Address)

Course of Study: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Diploma/Degree: \_\_\_\_\_

Other: \_\_\_\_\_  
(Specify)

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 and graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.) \_\_\_\_\_

Sign Language (if required for this position)  Yes  No

Are you a certified interpreter?  Yes  No

Do you speak a language other than English?  Yes  No

How fluently?  Fair  Good  Excellent

If yes, what language(s) do you speak? \_\_\_\_\_

**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: \_\_\_\_\_

**WORK EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, religion, gender, national origin, disabilities or other protected status.

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact your current employer?  Yes  No

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Summary of Work performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ May we contact your current employer?  Yes  No  
Address: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Summary of Work performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ May we contact your current employer?  Yes  No  
Address: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Summary of Work performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ May we contact your current employer?  Yes  No  
Address: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Summary of Work performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

How did you learn about us?  Advertisement  Friend  Inquiry  Employment Agency  Relative  
 Other \_\_\_\_\_

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

1. 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.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. 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.
4. 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.
5. 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 with my result from furnishing such information to you.

THIS APPLICATION MUST BE SIGNED:

SIGN HERE: X \_\_\_\_\_

Signature – Applicant

Date: