

U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

Branch of Service

From: _____ To: _____

Dates Served Type of Discharge

EDUCATION / SKILLS

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				9 10 11 12			
COMMUNITY or JUNIOR COLL.				1 2			
BUSINESS or TRADE SCHOOL				1 2			
COLLEGE or UNIVERSITY				1 2 3 4			
GRADUATE SCHOOL							

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	NAME OF SOFTWARE	YOUR PROFICIENCY WITH THE SOFTWARE
Word Processing		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar

LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR

PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)	NAME	DATE	NAME	DATE

Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

EMPLOYMENT HISTORY

**THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEARS WORK HISTORY
AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME**

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.
BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES, OR COMMISSIONS.

FROM (Mo/Yr)	_____	TO (Mo/Yr)	_____	YOUR POSITION	_____
EMPLOYER:	_____			YOUR SUPERVISOR:	_____
ADDRESS:	_____			PHONE:	_____
TYPE OF BUSINESS:	_____			REASON FOR LEAVING:	_____
BASE SALARY	_____ / _____	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> HOURLY	OTHER COMPENSATION: _____
	START	FINAL			
BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES: _____					

FROM (Mo/Yr)	_____	TO (Mo/Yr)	_____	YOUR POSITION	_____
EMPLOYER:	_____			YOUR SUPERVISOR:	_____
ADDRESS:	_____			PHONE:	_____
TYPE OF BUSINESS:	_____			REASON FOR LEAVING:	_____
BASE SALARY	_____ / _____	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> HOURLY	OTHER COMPENSATION: _____
	START	FINAL			
BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES: _____					

FROM (Mo/Yr)	_____	TO (Mo/Yr)	_____	YOUR POSITION	_____
EMPLOYER:	_____			YOUR SUPERVISOR:	_____
ADDRESS:	_____			PHONE:	_____
TYPE OF BUSINESS:	_____			REASON FOR LEAVING:	_____
BASE SALARY	_____ / _____	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> HOURLY	OTHER COMPENSATION: _____
	START	FINAL			
BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES: _____					

FROM (Mo/Yr)	_____	TO (Mo/Yr)	_____	YOUR POSITION	_____
EMPLOYER:	_____			YOUR SUPERVISOR:	_____
ADDRESS:	_____			PHONE:	_____
TYPE OF BUSINESS:	_____			REASON FOR LEAVING:	_____
BASE SALARY	_____ / _____	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> HOURLY	OTHER COMPENSATION: _____
	START	FINAL			
BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES: _____					

FROM (Mo/Yr)	_____	TO (Mo/Yr)	_____	YOUR POSITION	_____
EMPLOYER:	_____			YOUR SUPERVISOR:	_____
ADDRESS:	_____			PHONE:	_____
TYPE OF BUSINESS:	_____			REASON FOR LEAVING:	_____
BASE SALARY	_____ / _____	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> HOURLY	OTHER COMPENSATION: _____
	START	FINAL			
BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES: _____					

(ATTACH ADDITIONAL PAGE IF NECESSARY)

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

EMERGENCY CONTACT

NAME	_____	RELATIONSHIP	_____
ADDRESS	_____	CITY, STATE, ZIP	_____
HOME PHONE	_____	BUS. PHONE	_____

REFERENCES

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
DAYTIME PHONE _____	DAYTIME PHONE _____
RELATIONSHIP _____	RELATIONSHIP _____
(NO RELATIVES)	(NO RELATIVES)
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
DAYTIME PHONE _____	DAYTIME PHONE _____
RELATIONSHIP _____	RELATIONSHIP _____
(NO RELATIVES)	(NO RELATIVES)

AUTHORIZATION AND AGREEMENT

I HEREBY AUTHORIZE YOU TO CONTACT: **MY PRESENT EMPLOYER(S)** YES NO
MY PAST EMPLOYERS: YES NO

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personnel, school and employment references may be contacted to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualifications will be used to make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, you may be required to furnish a computerized criminal history report from the Texas Department of Public Safety at your own expense.

I hereby authorize Walker County, its representatives, employees, or agents to conduct all pre-employment inquiries and tests as described. I further authorize Walker County and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorization forms. I release Walker County, its agents, and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for Walker County to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, Walker County is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Department Head of the office in which they are applying.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that Walker County shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement or jail position, I will be required to comply with all the requirements of the Texas Commission on Law Enforcement Officer Standards and Education and I may be required to complete additional forms, applications and / or assessment documents. I further understand that any offer of employment is conditioned upon completion of a physical and psychological exam to determine my fitness for this position.

I understand the acceptance of this application by Walker County neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by Walker County at any time for any reason. Any changes to this at will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of Walker County.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

IF APPLYING FOR LAW ENFORCEMENT: YOU MUST HAVE YOUR SIGNATURE NOTARIZED.

SIGNATURE OF APPLICANT _____ DATE _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____,

(SEAL)

SIGNATURE OF NOTARY _____

**FAIR CREDIT REPORTING ACT
Disclosure and Authorization Statement**

To: All Applicants For Employment (Please Read Carefully Before Signing Below)

In processing my application for employment, I understand Walker County, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal background consistent with state and federal law.

I understand that upon written request to Walker County, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize Walker County to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigation process. If I am offered employment, I further authorize Walker County to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

IF APPLYING FOR LAW ENFORCEMENT: YOU MUST HAVE YOUR SIGNATURE NOTARIZED.

Name (please print)

Signature Date Signed

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____

SIGNATURE OF NOTARY _____

(SEAL)

(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)

VOLUNTARY CONSENT TO PRE-EMPLOYMENT DRUG TESTING

Applicant Name: _____
(Please Print)

Walker County has a vital interest in maintaining safe, healthy, and efficient working conditions for its employees. Using or being under the influence of drugs may pose serious safety and health risks not only for the user but his / her co-workers and the public.

By signing this Notice, the applicant understands and voluntarily agrees to submit to pre-employment drug screening. The applicant further agrees to release Walker County and its directors, agents, employees, subsidiaries and affiliated concerns from any and all liability, claims, demands, damages, and causes of action of every kind and nature arising out of the pre-employment drug screening and any decision concerning employment made by Walker County, in whole or in part, based upon the results of the pre-employment drug screen.

ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH WALKER COUNTY.

Refusal of any applicant to agree to pre-employment drug screening at this time does not preclude an applicant from applying for employment with Walker County at some future when the applicant will agree to conform to our policies.

I understand that my offer of employment with Walker County is contingent upon my taking and passing a test for the presence of illegal drugs. I further understand and agree that I may be terminated from Walker County should the results be positive for the presence of illegal drugs. I voluntarily consent to have a sample of my urine collected for the purpose drug testing. In the event I should submit two or more samples for drug screening in connection with my application for employment, I understand that each sample must be negative for the presence of illegal drugs. The drug test will be conducted by a clinical laboratory. I hereby authorize the results of this testing to be released to Walker County. This consent is subject to revocation at any time upon written notice. I understand that I may receive a copy of this consent form upon written request.

IF APPLYING FOR LAW ENFORCEMENT: YOU MUST HAVE YOUR SIGNATURE NOTARIZED.

Signature of Applicant: _____

Date Signed: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____,

SIGNATURE OF NOTARY _____

(SEAL)

(To be maintained on file with Employment Application)