APPLICATION FOR EMPLOYMENT

Howard County, TX
An Equal Employment Opportunity Employer

HOWARD COUNTY COURTHOUSE 300 Main Big Spring, TX 79720 http://www.co.howard.tx.us

NAME					_ DATE	
Last ADDRESS	First			M.I.		
Box or Street			City		State	Zip Code
DAY PHONE E	VENING PH	IONEE	E-MAIL			
AVAILABLE TO WORK: □ FULL-T	IME □ P	ART-TIME TEMPO	DRARY TX DRIVERS LI	CENSE NO		
In compliance with the Immigration Re	form and Cor	ntrol Act, are you legally eliq	gible for employment in the	United States?	□ Yes □	No
POSITION(S) APPLYING FOR			DA1	ΓΕ AVAILABLE Ι	FOR WORK	
Have you ever been convicted of a feld	ony or a crime	e of moral turpitude? 🗆 Ye	es No (Conviction wi	ll not necessarily	/ disqualify an ap	oplicant from
employment consideration.) If yes, pro	vide date and	explanation				
Education		Course of Study/Major		Degree		
High School						
College						
Other						
Licenses or Certifications						
Military Service/Branch:		Dates:	Rank at Discharge:			
Type of Discharge:		Specialties:				
References: (Do not include persons v	who are relate	ed to you or are previous e	mployers)			
Name	Ad	dress and Phone	Occupation		Years Acquainted	
List relatives who are elected officials of	or county emi	playage Include relatives b	y blood or marriage. (Llse :	an additional she	eat if necessary)	
Name		Relationship		Department/Job Title		
Can you speak a foreign language?	Yes □ No	If yes, which language?_				
Special skills and qualifications						
Equipment, office machines (including	software) tha	it you can operate				

EMPLOYMENT EXPERIENCE: List all jobs held in the past 10 years Start with your present or most recent job. Use an additional sheet if necessary. A resume alone is not acceptable - this section must be completed. Employer:_ Address/Phone:____ Dates Employed:___ Ending Salary:____ _____Duties:____ Job Title: Supervisor's Name/Phone_____ Reason for Leaving:_____ Employer: Address/Phone: _ Ending Salary:___ Dates Employed:____ Job Title: Duties: Supervisor's Name/Phone____ Reason for Leaving: Employer:___ Address/Phone:____ _____ Ending Salary:____ Dates Employed:____ Duties: Job Title: Supervisor's Name/Phone_____ Reason for Leaving: Employer:_ Address/Phone: Dates Employed:____ Ending Salary:____ Job Title:_ ____Duties:___ Supervisor's Name/Phone Reason for Leaving: List any other information that you feel might reflect your abilities (e.g. volunteer/community work, civic/professional organizations, etc.) **READ CAREFULLY BEFORE SIGNING** I hereby certify that the statements made and answers given by me to the questions on this form are true and correct and that there are no omissions. I understand that any evasion, untruthful statement, answer, or omission shall be sufficient cause for discharge at any time. I hereby request and authorize representatives of the companies shown under "Employment History" and on any attached pages to furnish Howard County any information regarding my employment with them together with any information they may have regarding me, including motor vehicle records, military records, financial status, criminal record, and general reputation, and I hereby release such companies, and persons, from all liability, claims, and damages in connection with the furnishing of such information, I acknowledge that the foregoing completed application form does not in any way constitute a contract of employment. REFERENCE CHECK AUTHORIZATION I authorize investigation of all statements contained in this application for employment and release Howard County, its management and appointed and elected officials, from any and all liability resulting from such investigation. Upon my termination, I authorize release of reference information regarding my employment and work record and release Howard County from any and all liability resulting from the release of such information.

Date

Signature_