

# APPLICATION FOR EMPLOYMENT

FAYETTE COUNTY, TEXAS

C/O County Auditor

143 North Main St.

La Grange, TX 78945

(979) 968-3055

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address		Number	Street
		City	State
		Zip Code	
Telephone Number(s)		E-mail	Social Security Number (Voluntary)

Best time to contact you at home is:

\_\_\_\_:\_\_\_\_ AM ☐  
\_\_\_\_:\_\_\_\_ PM ☐

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☐ No

Have you ever filed an application with us before? .....

☐ Yes ☐ No

..... If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? .....

☐ Yes ☐ No

If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .....

☐ Yes ☐ No

Are you currently employed? .....

☐ Yes ☐ No

May we contact your present employer? .....

☐ Yes ☐ No

Are you lawfully authorized to work in the United States? .....

☐ Yes ☐ No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:

☐ Full-Time (please indicate 1 ☐ 2 ☐ 3 shift)

☐ Part-Time (please indicate Mornings ☐ Afternoon ☐ Evenings ☐

☐ Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....

☐ Yes ☐ No

Can you travel if a job requires it? .....

☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



# EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

## ADDITIONAL INFORMATION

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

(CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	<input type="text"/>	<input type="text"/>
WPM <input type="text"/>	WPM <input type="text"/>	<input type="text"/>	<input type="text"/>

State any additional information you feel may be helpful to us in considering your application.



# EMPLOYMENT 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, color, religion, gender, national origin, disabilities or other protected status.

1.

Employer		Dates Employed	From	To
Address		Work Performed		
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

2.

Employer		Dates Employed	From	To
Address		Work Performed		
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

3.

Employer		Dates Employed	From	To
Address		Work Performed		
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

4.

Employer		Dates Employed	From	To
Address		Work Performed		
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*



## REFERENCES

1.	_____ ( _____ ) _____
	(Name) Phone #
	_____
	(Address)
2.	_____ ( _____ ) _____
	(Name) Phone #
	_____
	(Address)
3.	_____ ( _____ ) _____
	(Name) Phone #
	_____
	(Address)

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date