



TRINITY COUNTY

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER:

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment, advancement opportunities, and access to services for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, or any other classification protected by law. If you need assistance completing this application and/or with any testing required during the application process, please ask the staff in the Personnel Office so that assistance may be provided. A job description will be available for your review for each job posted.

PLEASE PRINT IN INK

NAME (As it appears on Social Security Card / Work Permit Card)	Last	First	M.I.
SOCIAL SECURITY NUMBER			
ADDRESS			
CITY, STATE, ZIP			
HOME TELEPHONE	MESSAGE CONTACT: Name	Area Code	Number
DAYTIME TELEPHONE	ARE YOU AT LEAST 18 YEARS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/>		
OTHER NAMES YOU HAVE USED:			
POSITION APPLIED FOR:		DEPARTMENT:	
REFERRED FOR THIS POSITION BY:		DATE AVAILABLE:	
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? NO YES WHEN? DEPARTMENT:			
SUPERVISOR:		REASON FOR LEAVING:	
DO YOU HAVE A RELATIVE CURRENTLY WORKING FOR TRINITY COUNTY? <input type="checkbox"/> NO <input type="checkbox"/> YES			
IF YES, WHAT IS HIS OR HER NAME? _____			
WHAT IS YOUR RELATIONSHIP? _____			
IN WHAT DEPARTMENT DOES YOUR RELATIVE WORK? _____			

<p>HAVE YOU EVER BEEN CONVICTED, OR PLED GUILTY OR NO CONTEST TO, A FELONY OFFENSE? IF SO, PLEASE EXPLAIN. IMPORTANT: FOR PURPOSES OF EMPLOYMENT WITH TRINITY COUNTY, CONVICTIONS" INCLUDE SENTENCED TO CONFINEMENT, PAID FINE, TIME. SERVED, PLACED ON PROBATION INCLUDING DEFERRED ADJUDICATION AND COURT ORDERED RESTITUTION. A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.</p> <p style="text-align: center;">NO YES</p> <p>If Yes, Give location, date, charge and disposition of case(s) on a separate page</p>	<p>IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:</p> <p>I HAVE A VALID DRIVER'S LICENSE:</p> <p style="text-align: center;">NO YES</p> <p>TYPE: _____</p> <p>DRIVER'S LIC. # _____</p> <p>STATE: _____</p>	<p>CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?</p> <p style="text-align: center;">NO YES</p>
---	--	--

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	YRS COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL						
COMMUNITY or JUNIOR COLLEGE						
COMPLETED DEGREE MAJOR						
BUSINESS or TRADE SCHOOL						
COLLEGE or UNIVERSITY						
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 / CERTIFICATION / ORGANIZATIONS

PROFESSIONAL LICENSES AND CERTIFICATION (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

PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR 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) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ £MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ £MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ £MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ £MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ £MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & 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.

(ATTACH ADDITIONAL PAGE IF NECESSARY)

REFERENCES

NAME _____ ADDRESS _____ CITY,STATE,ZIP _____ DAYTIME PHONE _____ RELATIONSHIP _____ <p style="text-align: center; font-size: small;">(No Relatives)</p>	NAME _____ ADDRESS _____ CITY,STATE,ZIP _____ DAYTIME PHONE _____ RELATIONSHIP _____ <p style="text-align: center; font-size: small;">(No Relatives)</p>
NAME _____ ADDRESS _____ CITY,STATE,ZIP _____ DAYTIME PHONE _____ RELATIONSHIP _____ <p style="text-align: center; font-size: small;">(No Relatives)</p>	NAME _____ ADDRESS _____ CITY,STATE,ZIP _____ DAYTIME PHONE _____ RELATIONSHIP _____ <p style="text-align: center; font-size: small;">(No Relatives)</p>

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 personal, school and employment references may be contacted by a consumer reporting agency or County personnel 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 help 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, a consumer reporting agency or County personnel may also conduct a check of criminal records. This agency may keep and use information it supplies to us in this investigation for its own business purposes. Further information such as the name of the consumer reporting agency or the nature and scope of such inquiry, if one is made, is available to you upon written request. You will also be given a separate disclosure and authorization to review and sign concerning any reports prepared about your background for us by a consumer-reporting agency that compiled the report.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer 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 authorizations forms. I release the employer, 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 the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services. As an employer, this organization 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 Personnel Director.

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 other 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 the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree to immediately notify Trinity County if I am convicted of, received deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust while my application is pending or during my period of employment, if hired. 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 or other equivalent agency as required by the State. I further understand that any offer of employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.

I understand and agree that, if required for the position, I will submit to a pre-employment driving record check and/or pre-employment physical, and in accordance with the County's adopted policies, I will submit to a pre-employment drug/alcohol screen as well as any other drug/alcohol screenings as required by the County's policy. I understand and agree that, if I refuse to submit to such physical, drug/alcohol screen, or driving record check, I will not be considered for employment with Trinity County. I also understand that, once employed, refusal to submit to such exams or a positive result on a drug/ alcohol screen will be grounds for disciplinary action, which may include termination.

I understand the acceptance of this application by the employer 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 the organization 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 this employing organization.

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

SIGNATURE OF APPLICANT _____ DATE _____

AUTHORIZATION AGREEMENT NOTARIZATION

STATE OF TEXAS §

COUNTY OF TRINITY §

BEFORE ME, the undersigned, a Notary Public in and for Trinity County, Texas, on this day personally appeared _____, known or proven to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE on this the _____ day of _____, 20_____.

(SEAL)

Notary Public Signature

My Commission Expires: _____

PLEASE NOTICE:

**ONLY THOSE APPLICANTS SELECTED FOR INTERVIEWS
WILL BE NOTIFIED OF THEIR SELECTION OR NONSELECTION
FOR EMPLOYMENT WITH TRINITY COUNTY.**

**APPLICATIONS ARE KEPT ON FILE FOR ONE (1) YEAR,
BUT ARE CONSIDERED CURRENT FOR SIX (6) MONTHS.**

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 the employer, 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 conviction background consistent with state and federal law.

I understand that upon written request to the employer, 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 this employer 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 my employer 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.

Name (please print)

Signature Date Signed

(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)

VOLUNTARY CONSENT TO PRE-EMPLOYMENT DRUG TESTING

Applicant Name: _____
(Please Print)

Trinity County has a vital interest in maintaining safe, healthful 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 for his/her co-workers and the public, as well.

By signing this Notice, the applicant understands and voluntarily agrees to submit to pre-employment drug screening. The applicant further agrees to release Trinity County and its directors, officers, 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 Trinity 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 TRINITY 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 Trinity County at some future time when the applicant will agree to conform to our policies.

I understand that my offer of employment with Trinity 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 Trinity 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 of drug testing. In the event I should submit two or more samples for drug screening in connection with my application or employment, I understand that each sample must be negative for the presence of illegal drugs. The drug test will be conducted by a clinical, certified laboratory. I hereby authorize the results of this testing to be released to Trinity 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.

Signature of Applicant: _____

Date: _____

(To be maintained on file with Employment Application)

***** VOLUNTARY AFFIRMATIVE ACTION INFORMATION *****

THE COUNTY OF TRINITY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment, advancement opportunities, and access to services for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, or any other classification protected by law. As an employer with an Equal Opportunity Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is **OPTIONAL**. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Please Note: **YOUR COOPERATION IS VOLUNTARY. INCLUSION OF ANY DATE WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

NAME _____

ADDRESS _____ PHONE _____

POSITION APPLIED FOR _____

DATE OF APPLICATION _____ SOCIAL SECURITY _____ - _____ - _____

SEX: MALE FEMALE BIRTHDATE _____ / _____ / _____ AGE: _____
MO. DAY YEAR

CHECK ALL THAT APPLY:

DISABLED VETERAN VIET-NAM ERA VETERAN

YOUR RACE/ETHNIC GROUP – CHECK ONE:

AMERICAN INDIAN _____, (Indicate Tribal Affiliation) _____

ASIAN OR PACIFIC ISLANDER _____ BLACK _____ ALASKAN NATIVE _____

HISPANIC _____ WHITE (Non-Hispanic) _____ OTHER (Specify) _____

WHAT INFLUENCED YOU TO APPLY FOR EMPLOYMENT WITH THE COUNTY OF TRINITY? (CHECK ONE)

FRIEND/RELATIVE _____ NEWS MEDIA AD _____ PRIVATE EMPLOYMENT

AGENCY _____ TRINITY COUNTY’S WEBSITE _____ STATE EMPLOYMENT

REFERRAL _____ OTHER (Please Specify)

***** NOT FOR INTERVIEW PURPOSES – TO BE FILED SEPARATELY *****