



HUDSPETH COUNTY
SIERRA BLANCA, TEXAS
 Employment Application

APPLICANT INFORMATION			
Last Name:		First:	M.I. Date:
Street Address:			
City:		State:	ZIP:
Phone:		E-mail Address:	
Date Available:	Social Security No:		Desired Pay:
Position Applied for:			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for Hudspeth County?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when and what role?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
College:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
Other:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	

REFERENCES (PLEASE LIST THREE PROFESSIONAL REFERENCES)	
Full Name:	Relationship:
Company:	Phone:
Address:	Email:
Full Name:	Relationship:
Company:	Phone:
Address:	Email:
Full Name:	Relationship:
Company:	Phone:
Address:	Email:

PREVIOUS EMPLOYMENT			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE	
Branch:	From: To:
Rank at Discharge:	Type of Discharge:
If other than honorable, explain:	

OTHER

Are you available to work: Full Time Part Time Shift Work Temporary

Can you travel if a job requires it? YES NO

Indicate any foreign language you can speak, read, and/or write:

Speak _____ Read _____ Write _____

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

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

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

SPECIALIZED SKILLS

___ PC ___ Grant Writing
___ Calculator ___ WordPerfect
___ Budget ___ Excel

OTHER (PLEASE) LIST:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I also agree that all statements made on this application may be investigated, subject to any reservations regarding my present employer.

The County of Hudspeth has established that the county is a drug free workplace and may request that employees submit to periodic drug testing as a condition of employment. All drug testing is conducted in accordance with State and Federal law regulations.

Signature:

Date: