



KARNES COUNTY APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

ALL QUESTIONS MUST BE ANSWERED

PLEASE PRINT

DATE _____

Name	Social Security Number
Address	
Phone No.	Type of Employment/Position Desired
All applicants for employment must be at least 18. Can you submit proof of age after employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address _____	
Has Bond ever been refused? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details:
Are you related by blood or marriage to any employee? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, state name and relationship of relative)	
REFERRED BY: _____	Are you legally eligible for employment in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No State of Issue _____	
Have you ever been employed with KARNES COUNTY before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	

EDUCATION

	NAME AND LOCATION	COURSE TAKEN	LAST YEAR COMPLETED	GRADUATION DATE
HIGH SCHOOL				
COLLEGE				
OTHER				
OTHER				

U.S. MILITARY SERVICE

Number of Years Served	Branch of Service	Rank at Discharge	Duties

Are you a member of the National Guard or Reserve? Yes No Inactive Active
Do you anticipate any active duty, including reserve training in the future? Yes No

PREVIOUS EMPLOYMENT

Provide employer information for the last 10 years and any other work history you feel is relevant to the position you have applied for. List below present and past employment, beginning with your most recent. Attach extra sheets if necessary.

Name and Address of Company	From		To		Annual Starting Salary	Annual Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Telephone								
<hr/>								
Name and Address of Company	From		To		Annual Starting Salary	Annual Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Telephone								
<hr/>								
Name and Address of Company	From		To		Annual Starting Salary	Annual Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Telephone								

REFERENCES

Please list two references other than relatives or previous employers. Additional references may be provided.			
Name	Name		
Position	Position		
Company	Company		
Address	Address		
Telephone	Telephone		

MACHINES OPERATED	MACHINERY OPERATED <i>(If applicable)</i>
Personal Computer <input type="checkbox"/> Yes <input type="checkbox"/> No	Dump Truck <input type="checkbox"/> Yes <input type="checkbox"/> No Back Hoe <input type="checkbox"/> Yes <input type="checkbox"/> No
Typewriter <input type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM	Motor Grader <input type="checkbox"/> Yes <input type="checkbox"/> No Paving Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No
10-key <input type="checkbox"/> Yes <input type="checkbox"/> No	Front End Loader <input type="checkbox"/> Yes <input type="checkbox"/> No Brush Cutter <input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Machine <input type="checkbox"/> Yes <input type="checkbox"/> No	Lawn Mower <input type="checkbox"/> Yes <input type="checkbox"/> No
Copy Machine <input type="checkbox"/> Yes <input type="checkbox"/> No	Edger <input type="checkbox"/> Yes <input type="checkbox"/> No
Scanner <input type="checkbox"/> Yes <input type="checkbox"/> No	Weed Eater <input type="checkbox"/> Yes <input type="checkbox"/> No

Date available:	Starting Salary Desired:	
In case of emergency, notify: Name:	Address:	Phone:

**Additional sheets may be used if necessary.*

List specialized training, skills, and extracurricular activities:

Honors Received:

Please list any additional information you feel may be helpful in considering your application for employment:

Please Read Carefully: Employment with Karnes County shall be considered “at will” employment. No contract of employment shall exist between any individual and Karnes County for any duration, either specified or unspecified. Karnes County shall have the right to terminate the employment of any employee for any legal reason, or no reason, at any time either with or without notice. Karnes County shall also have the right to change any condition, benefit, policy, or privilege of employment at any time, with or without notice. Employees of Karnes County shall have the right to leave their employment with the County at any time, with or without notice. This employment application is not intended to be an employment contract or offer.

If applying for a position that will require driving a county vehicle, insurability is a requisite for hire. If you should become uninsurable after hire, you will be subject to immediate termination.

Any applicant tentatively selected for any position will be required to submit to testing to screen for illegal drug and/or alcohol use prior to employment.

The Age Discrimination in Employment Act of 1967 forbids discrimination against persons over the age of 40. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-related medical condition or handicap.

PRE-EMPLOYMENT STATEMENT

I authorize KARNES COUNTY to make any inquiries they desire regarding my education, employment, ability, habits and personal character for the purpose of determining my fitness for employment. I also authorize previous employers, or any other persons to whom the County may refer, to give any and all information regarding my employment or scholastic record together with any information, personal or otherwise, and I hereby release such persons, and any companies which they represent, from all liability or any damages whatsoever in connection with their compliance. I understand that misrepresentation or omission of any fact or circumstance called for in this application which would affect my application unfavorably, or receipt of unsatisfactory references, will be sufficient cause for termination without liability to me for salary except as may have been earned at the time of my termination.

Date _____ Signature _____

