

**APPLICATION FOR EMPLOYMENT
HILL COUNTY, TEXAS**

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.

PLEASE TYPE OR PRINT

Date of application _____

Position applied for: _____

Name _____
Last First Middle

Address _____
PO Box or Number and Street City State Zip Code

Telephone _____ Cell Phone Number _____

Are you employed ____ Yes ____ No May we contact your present employer? _____

Are you prevented from lawfully becoming employed?

In this country because of Visa or Immigration Status?

(Proof of citizenship or immigration status will be required if employed.) _____ Yes ____ No

On what date would you be available to work? _____

Are you available to work: ____ Full Time ____ Part Time ____ Shift Work ____ Temp

Are you currently on "lay-off" status and subject to recall? ____ Yes ____ No

Have you been convicted of a felony? ____ No ____ Yes

(Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain _____

Veteran of U.S. Military Service? ____ Yes ____ No If Yes, Branch: _____

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex, age, national origin, or handicap.):

Give name, address and telephone number of three references that are not related to you and are not previous employers.

Education

	Elementary	High School	College/ University	Graduate/ Professional
School Name				
Years completed				
(Circle one)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

Diploma/Degree: _____

Describe Course of Study: _____

Describe specialized training, skills, and extracurricular activities:

Honors received: _____

Please 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 military service assignment and volunteer activities.

Employer:	Telephone (AC) Number	Time Employed From	To	Work performed/Wages
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Reason for Leaving

Employer:	Telephone (AC) Number	Time Employed From	To	Work performed/Wages
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Reason for Leaving

Employer:	Telephone (AC) Number	Time Employed From	To	Work performed/Wages
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Reason for Leaving

(If you need additional space, please continue on a separate sheet.)

Summarize your special skills and qualifications acquired from employment or other experience.

PLEASE READ CAREFULLY

The following policy statements apply to an applicant IF HIRED.

1. Overtime, shift work, or a rotating work schedule other than Monday through Friday may be required. Overtime must be approved prior to being worked by the department head. Compensatory time-and-a-half will be given in lieu of overtime pay.
2. Employment with Hill County is for no definite period of time. Hill County may change wages, benefits and conditions at any time.
3. Hill County may terminate employment at any time without liability for wages or salary except such as may have been earned at the date of termination. If requested by the management at any time, employee must submit to a search of person, desk, locker, etc., assigned to him/her, and must waive all claims for damages on account of such examination.
4. This application for employment is not, and is not intended to be a contract of employment and no employment contract is being offered.

APPLICANT'S CERTIFICATION AND AGREEMENT

I have read, understand, and agree to the above statements, if hired.

I certify that answers given herein are true and correct to the best of my knowledge and understand that any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal to hire, or, if hired, termination from employment. I authorize investigation of all statements contained in this application and other included documents as may be necessary in arriving at an employment decision. I hereby release from liability any person (s) / organization (s) giving such information.

Date_____

Signature_____

Printed Name_____