

HARDIN COUNTY
HUMAN RESOURCE DEPARTMENT
P.O. BOX 817
KOUNTZE, TX 77625
(409)246-5164



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

RESUMES WILL BE ACCEPTED AS ADDITIONAL INFORMATION BUT NOT IN PLACE OF A COMPLETED APPLICATION.

If you need assistance in completing this employment application, please inquire at the Human Resource Department. Furthermore, the County conducts pre-employment qualifications testing and personal interviews during the application process. If you believe you will require reasonable accommodations in the application process, please inform the Human Resource Department in writing when you submit your application.

Personal Data

Last Name _____ First Name _____ Initial _____

Street Address/ PO Box _____

City _____ State _____ Zip Code _____

Phone Numbers _____

Email Address _____ Minimum acceptable salary _____

Position(s) you are applying for _____

When would you be able to work? _____

Have you filed an application with Hardin County before? Yes (when _____) No

Have you ever been employed with Hardin County before? Yes (when _____) No

Give name & department of any relatives now employed by Hardin County _____

Education and Training

High School _____ Name	City	State	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No
College _____ Name	City	State	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No
Business or Technical School _____ Name	City	State	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No
Degree/Major _____			

List Special training, interest, career goals, or any other data you wish to provide:

Employment History

List employment history for last (4) consecutive years, starting with your present or last employer, including summer, periods of unemployment and self-employment. If addition space is required, list on separate page or attach your resume. All information is subject to verification.

May we speak with your employer? Yes No

Date: Month & Year From - To	Name & Address	Phone No.	Position Held Supervisor's Name	Reason for leaving
Month - Month Year - Year				
Month - Month Year - Year				
Month - Month Year - Year				
Month - Month Year - Year				

Additional Information

Have you ever been convicted or placed on probation for any criminal offense other than a Class C Misdemeanor? Yes No
(A conviction does not necessarily disqualify you from consideration for employment)

If yes please explain _____

If the position for which you are applying requires the operation of a motor vehicle, do you have a current Texas Driver's License? Yes No License Number _____

References:

Give (3) references (Personal or Business) not related to you

Name	Address	Business (if any)	Phone

Briefly describe why you are qualified for the position:

Hardin County is an “at will” employer, which means that (if hired) your employment is for no definite period and may, regardless of the date of payment of wages and/or salary, be terminated at any time without any prior notice, and with or without explanation or reason. All potential employees are subject to a drug screen and depending on position, physical, driving record check and criminal history review. Hardin County is an equal opportunity employer. Hardin County does not discriminate because of age, race, color, national origin, sexual orientation, marital status, veteran status, gender and disability.

EEO/F/M/ADA

I certify the statements contained herein are true, complete and correct to the best of my knowledge. I hereby release the employer from any and all liability (including liability arising from the employer’s negligence) arising from verification of my prior employment history, criminal record, references and any other background information pertaining to me. I also release from any and all liability (including liability arising from the employer’s negligence) all persons and entities who supply the employer with information pertaining to my prior employment history, criminal record, references and other background information pertaining to me. I understand that providing fraudulent information may be grounds for my immediate termination.

Signature of Applicant _____ Date _____

Do Not write below this line

Action(s)

Date(s)

_____	_____
_____	_____
_____	_____

HARDIN COUNTY
Voluntary EEO Self-Identification Form

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this Voluntary EEO Self-Identification form. This information is strictly voluntary. Failure to provide it will not subject you to any adverse personal decision or action. Your cooperation is appreciated.

Name	Date
Position	
Department	
Gender	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnicity: (Check all that apply)	
<input type="checkbox"/> Asian or Pacific Islander	
<input type="checkbox"/> American Indian/ Alaskan	
<input type="checkbox"/> Black	
<input type="checkbox"/> Hispanic	
<input type="checkbox"/> White	