

LIBERTY COUNTY

Permitting and Inspection Department

624 Fannin Street, Liberty, Texas 77575 Phone: (936) 336-4560

April 12, 2019 Field Inspector Position

The Liberty County Engineering, Permitting and Inspections Department is seeking applications for a full time field inspector. This job entails the inspection of subdivision infrastructure, storm water culverts, driveway connections to County Roads, onsite septic systems and the resolution of citizen complaints relating to health and safety issues. The successful candidate will hold a TCEQ "designated representative" certification or will secure same within 9 months of employment. Interested parties may secure an application from the County's web site or from the Permitting and Inspections Department, same being located at 624 Fannin Street, Liberty, Texas 77575. Completed applications and resumes should be returned to the Permitting and Inspection Department and should be plainly marked for the attention of David Douglas. The annual salary for this position is \$ 35,020. Additionally, Liberty County employees who have completed a probationary period are eligible to participate in group medical insurance, dental insurance, vision insurance, a retirement plan, vacation and sick leave. Liberty County, Texas is an equal opportunity employer.

Primary job functions of this position are as follows:

- Issue various types of permits and inspection of associated work activities
- Initiate, process and maintain various types of forms and reports
- Inspect various types of infrastructure and maintain records on same
- Collect and process permit payments
- Interact with the general public to ensure a proper flow of information
- Other duties as assigned by the Permitting and Inspection Department Administrator

Required knowledge, skills and abilities:

- Familiarity with the operation of a computer word and excel programs
- Mathematical skills to a level that enables complex computations for OSSF permitting and compliance
- Public relations and communication skills with the general public
- Must be able to sit for extended periods of time
- The ability to walk, stoop, bend and carry up to 20 pounds
- Extended periods of travel in a vehicle

Acceptable experience and training:

- Valid Texas driver's license
- High school diploma
- Knowledge of acceptable operations of an office
- TCEQ certification as a "designated representative" or ability to secure certification within 9 months of hire date
- Bilingual ability is a plus



EMPLOYMENT APPLICATION

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 and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him/herself in a manner that reflects favorably upon Liberty County and to recognize that he/she is subject to additional public scrutiny in his/her public and personal lives.

PLEASE PRINT IN INK								
NAME (As it appears on Social Security Card/Work Permit Card)	Lassi			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?							
OTHER NAMES YOU HAVE USED:								
POSITION APPLIED FOR:				SALARY REQUIREMENTS: \$		\$		
REFERRED FOR THIS POSITION BY:				DATE AVAILABLE:				
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? DO DYES WHEN? DEPARTMENT:								
SUPERVISOR:			REASON	FOR LEAVING:				
HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT IF APPLYING FOR REQUIRES DRIVING PROVIDE THE FO			VING A VEHICL	LE, PLEASE	YOU, IF HIRED, SUBMIT IFICATION OF YOUR LEGAL RIGHT YORK IN THE UNITED STATES?			
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U.S. MILITARY SERVICE														
If you have served in the U.S. Military, please provide the following information:														
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HIGH SCHOOL							9 10 11 12							
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SCHOOL														
COMPUTER SOFTWARE SKILLS														
COMPUTER SOFTWARE				Name of Software				Your Proficiency With the Software						
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Spreadsheet									□ sk	illed	□ ca	mpetent		Familiar
Database								_	□sk	illed	□ Co	mpetent		Familiar
Other									□ Sk	illed	□ Co	mpetent		Familiar
LICENSES / CERTIFICATIONS / ORGANIZATIONS														
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		NS SI												
PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS		NAME			-	DATE NAME			DATE					
(Job Related)							_						†	
Exclude membership	s that indicate your	race, religion,	color,											
national origin, ances														



JOB RELATED TRAINING									
NAME OF COURSE		YEAF	R COMPLETED	NAME OF	F COURSE	YEAR COMPLETED			

		EMF	PLOYMEN	T HIST	ORY				
THIS FORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUFFLEMENTED 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 _	TYPE OF BUSINESS REASON FOR LEAVING BASE SALARY / MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES								
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TYPE OF BUSINESS REASON FOR LEAVING BASE SALARY / MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES									
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BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES									

(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 NAME ADDRESS _____ ADDRESS CITY,STATE,ZIP__ CITY,STATE_ZIP DAYTIME PHONE DAYTIME PHONE RELATIONSHIP (No Relatives) RELATIONSHIP ____ (No Relatives) NAME NAME ADDRESS ADDRESS CITY, STATE, ZIP____ CITY, STATE, ZIP____ DAYTIME PHONE _____ DAYTIME PHONE _____ RELATIONSHIP RELATIONSHIP ____ (No Retalives) (No Relatives) **EMERGENCY CONTACT** ______ RELATIONSHIP NAME CITY, STATE, ZIP _____ ADDRESS ___ HOME PHONE BUSINESS PHONE SIGNATURE OF APPLICANT DATE PRINTED NAME OF APPLICANT



employing organization.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

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 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. You will also be required to submit to pre-employment drug screening. 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 check of criminal records may also be conducted. 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 gethering 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 Human Resources Manager. 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. t 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 Peace Officer Standards and Training Board (or equivalent agency) 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 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 duty authorized representative of this

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

DATE

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 preemployment 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)