



ECTOR COUNTY, TEXAS

Application for Employment



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, advancement opportunities, and access to services for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, or any other classification protected by law. If you need assistance completing this application and/or with any testing required during the application process, please ask the staff in the Personnel Office so that assistance may be provided. A job description will be available for your review for each job posted.

PLEASE PRINT IN INK

Applicant Name:

(As it appears on Social Security Card or Work Permit)

Last

First

MI

Social Security Number

XXX – XX –

Other Names Used:

Email:

Address:

City, State, & Zip

Telephone Number

() -

Are you at least 18 years old?

☐ YES

☐ NO

Position(s) applying for:

1.

2.

3.

Department of position:

Referred by:

Available date:

If hired, can you submit verification to work in the United States?

☐ YES

☐ NO

Have you ever been employed by Ector County?

☐ YES

☐ NO

When:

Reason for leaving?

Do you have a relative currently working for Ector County?

☐ YES

☐ NO

If yes, his/her name:

Department:

Have you ever been convicted, or pled guilty or no contest to, a felony offense?

IMPORTANT: for purposes of employment with Ector County, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution. A conviction will not necessarily disqualify an applicant from employment. ☐ YES ☐ NO **If yes, please explain:**

If Yes, Give location, date, charge and disposition of case(s) on a separate page

If applying for a position which requires driving a vehicle, please provide the following information: I have a valid driver's license: ☐ YES ☐ NO

Type: _____

State: _____

Driver's lic. # _____

Expires: _____

Initial and date this page to indicate that you have provided complete and accurate information _____

U.S. Military Service

If you have served in the U.S. Military, please provide the following information: Branch:

From: To: Type of Discharge:

Education / Skills

Education Level	Name City State	Circle Years Completed	Units Completed	Degree	Major
High School		9 10 11 12			
Community or Junior College		1 2			
		1 2			
Business or Trade School					
College or University		1 2 3 4			
		1 2 3 4			
		1 2 3 4			
Graduate School					

Computer Software Skills

Computer Software	Name of Software	Your Proficiency with the Software
Word Processing		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar

Licenses / Certifications / Organizations

Professional Licenses and Certifications (Job Related)	Types of Licenses and Certifications	Date issued	Registration Number	State	Expires Mo / Year

Professional, Scholastic, and Other Organizations <small>Exclude memberships that indicate your race, religion, color, nation origin, ancestry, sex, age, disability, or veteran status.</small>	Name	Date	Name	Date

Job Related Training

Name of Course	Years Completed	Name of Course	Years Completed

Employment History

This portion of the application must include a minimum of 10 year work history and must be completed even if supplemented 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	Reason for Leaving				
Base Salary	Start	Final	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly		Other Compensation, Bonuses
Brief description of your duties and responsibilities					

From (Mo/Yr)	To (Mo/Yr)	Total	Yrs	Mos	Your Position
Employer					Your Supervisor
Address					Phone () -
Type of Business	Reason for Leaving				
Base Salary	Start	Final	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly		Other Compensation, Bonuses
Brief description of your duties and responsibilities					

From (Mo/Yr)	To (Mo/Yr)	Total	Yrs	Mos	Your Position
Employer					Your Supervisor
Address					Phone () -
Type of Business	Reason for Leaving				
Base Salary	Start	Final	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly		Other Compensation, Bonuses
Brief description of your duties and responsibilities					

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Employer					Your Supervisor
Address					Phone () -
Type of Business	Reason for Leaving				
Base Salary	Start	Final	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly		Other Compensation, Bonuses
Brief description of your duties and responsibilities					

From (Mo/Yr)	To (Mo/Yr)	Total	Yrs	Mos	Your Position
Employer					Your Supervisor
Address					Phone () -
Type of Business	Reason for Leaving				
Base Salary	Start	Final	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly		Other Compensation, Bonuses
Brief description of your duties and responsibilities					

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.

References

Name _____
 Address _____
 City, State, & Zip _____
 Phone Number () - _____
 Relationship _____
(No Relatives)

Name _____
 Address _____
 City, State, & Zip _____
 Phone Number () - _____
 Relationship _____
(No Relatives)

Name _____
 Address _____
 City, State, & Zip _____
 Phone Number () - _____
 Relationship _____
(No Relatives)

Name _____
 Address _____
 City, State, & Zip _____
 Phone Number () - _____
 Relationship _____
(No Relatives)

Authorization and Agreement

I hereby authorize you to contact:

My Present Employer(s): ☐ Yes ☐ No

My Past Employer(s): ☐ 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 by a consumer reporting agency or County personnel 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. 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 consumer reporting agency or County personnel may also conduct a check of criminal records. This agency may keep and use information it supplies to us in this investigation for its own business purposes. Further information such as the name of the consumer reporting agency or the nature and scope of such inquiry, if one is made, is available to you upon written request. You will also be given a separate disclosure and authorization to review and sign concerning any reports prepared about your background for us by a consumer-reporting agency that compiled the report.

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 gathering 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 Personnel Director.

I understand and agree to immediately notify Ector County if I am convicted of, received deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust while my application is pending or during my period of employment, if hired.

I 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 Texas Commission on Law Enforcement Officer Standards and Education or other equivalent agency as 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 and agree that, if required for the position, I will submit to a pre-employment driving record check and/or pre-employment physical, and in accordance with the County's adopted policies, I will submit to a pre-employment drug/alcohol screen as well as any other drug/alcohol screenings as required by the County's policy. I understand and agree that, if I refuse to submit to such physical, drug/alcohol screen, or driving record check, I will not be considered for employment with Ector County. I also understand that, once employed, refusal to submit to such exams or a positive result on a drug/ alcohol screen will be grounds for disciplinary action, which may include termination.

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 duly authorized representative of this employing organization.

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.

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

Signature of Applicant _____ Date _____

VOLUNTARY CONSENT TO PRE-EMPLOYMENT DRUG TESTING

Applicant Name: _____
(Please Print)

Ector County has a vital interest in maintaining safe, healthful and efficient working conditions for its employees. Using or being under the influence of drugs may pose serious safety and health risks not only for the user but for his/her co-workers and the public, as well.

By signing this Notice, the applicant understands and voluntarily agrees to submit to pre-employment drug screening. The applicant further agrees to release Ector County and its directors, officers, agents, employees, subsidiaries and affiliated concerns from any and all liability, claims, demands, damages and causes of action of every kind and nature arising out of the pre-employment drug screening and any decision concerning employment made by Ector County, in whole or in part, based upon the results of the pre-employment drug screen.

ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH ECTOR COUNTY. Refusal of any applicant to agree to pre-employment drug screening at this time does not preclude an applicant from applying for employment with Ector County at some future time when the applicant will agree to conform to our policies.

I understand that my offer of employment with Ector County is contingent upon my taking and passing a test for the presence of illegal drugs. I further understand and agree that I may be terminated from Ector County should the results be positive for the presence of illegal drugs. I voluntarily consent to have a sample of my urine collected for the purpose of drug testing. In the event I should submit two or more samples for drug screening in connection with my application for employment, I understand that each sample must be negative for the presence of illegal drugs. The drug test will be conducted by a clinical, SAMHSA certified laboratory. I hereby authorize the results of this testing to be released to Ector County. This consent is subject to revocation at any time upon written notice. I understand that I may receive a copy of this consent form upon written request.

Signature: _____ Date _____

(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)

*** **VOLUNTARY AFFIRMATIVE ACTION INFORMATION** ***

THE COUNTY OF ECTOR IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment, advancement opportunities, and access to services for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, or any other classification protected by law. As an employer with an Equal Opportunity Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is **OPTIONAL**. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OF ANY DATE WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Name: _____
Last First M.I.

Address _____ Phone _____

Position Applied for: _____

Date of Application _____ Social Security Number - -

Sex: ☐ Male ☐ Female Birthdate _____ Age: _____
Month Day Year

Check all that apply: ☐ Disabled ☐ Veteran ☐ Vietnam Era Veteran

Your Race/Ethnic Group: Check One:

American Indian ☐ (Indicate Tribal Affiliation) _____

Asian or Pacific Islander ☐ Black (Non-Hispanic) ☐ Alaskan Native ☐

Hispanic ☐ White (Non-Hispanic) ☐ Other ☐ (Specify) _____

What influenced you to apply for employment with Ector County? (check one)

☐ Friend/Relative ☐ News Media Ad ☐ Private Employment Agency

☐ Ector County's Website ☐ State Employment Referral

☐ Other (Please Specify) _____

Risk Management/Insurance Department
Office: (432) 498-4011
Fax: (432) 498-4097

Payroll/Retirement Department
Office: (432) 498-4026
Fax: (432) 498-4097



**ECTOR COUNTY, TEXAS
HUMAN RESOURCES DEPARTMENT**

**SUPPLEMENTAL INFORMATION FOR VERIFICATION OF DRIVING RECORD
(ONLY FOR POSITIONS WHICH REQUIRE A DRIVER'S LICENSE)**

Please fill out the information below for Driver's License Record Checks:

Name: _____
First Middle Last

Position: _____ **Department:** _____

Name listed on Driver's License: _____

Driver's License #: _____ **State:** _____

DL Expiration Date: _____ **Class:** _____

I understand and agree that I will submit to a pre-employment driving record check in accordance with Ector County's policy. I understand and agree that, if I refuse to submit to a driving record check I will not be considered for employment with Ector County.

I authorize the investigation of my driving record for pre-employment purposes. Consequently, I hereby release from liability Ector County and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant

Date