

**ARANSAS COUNTY  
Employment Application**

**Aransas County is an Equal Opportunity Employer and considers employment applicants without regard to sex, race, age, religion, color, national origin, disability, veteran status, or any other status protected by law.**

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Driver's License Number & State:	Social Security Number - -	

**Have you ever filed an application with us before?**     Yes     No    **If yes, give date.** \_\_\_\_\_

**Have you ever been employed with us before?**     Yes     No    **If yes, give date.** \_\_\_\_\_

**Are you currently employed?**     Yes     No

**May we contact your present employer?**     Yes     No

**Are you legally eligible for employment within the United States?**     Yes     No

**On what date would you be available for work?** \_\_\_\_\_

**Other than minor traffic offenses, have you ever been convicted of a crime (Misdemeanor or Felony) or received a probated sentence (including deferred adjudication) for an alleged crime, or been assigned a probation officer, or pleaded nolo contedere to an alleged crime? (A "Yes" response will not necessarily disqualify an applicant from employment.)**     Yes     No

**If Yes, please explain and include the date and location (city, state). Attach additional pages if necessary.**

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**PREVIOUS EMPLOYMENT (continued)**

Employer Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Beginning Date of Employment \_\_\_\_\_ Ending Date of Employment \_\_\_\_\_

Job Title/Duties/Work Description \_\_\_\_\_

Salary: Start \_\_\_\_\_ End \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Have you been discharged or asked to resign from a job?     Yes    No

If Yes, please explain each occasion when this has occurred. Attach additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL SKILLS - Complete the following as it relates to the position for which you are applying, including any language skills (i.e., reading, writing, speaking languages other than English):**

Skill \_\_\_\_\_ Experience \_\_\_\_\_

Skill \_\_\_\_\_ Experience \_\_\_\_\_

Skill \_\_\_\_\_ Experience \_\_\_\_\_

Please relate other specialized skills you feel are pertinent to the job for which you are applying: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ALL APPLICANTS MUST READ AND SIGN BELOW**

**At-Will Employment.** I understand that if I am selected for employment, I will be free to resign at any time, and County has the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of County has the authority to make any assurances or agreements to the contrary.

**Consent to Disclosure of Information.** I hereby grant permission to County or its agents to investigate my previous employment, educational background, character references, and information submitted in my application, any attachments, and résumé. I also consent to the release of information from previous employers, supervisors, and references about me to the County.

**Drugs and Alcohol.** I understand County does not tolerate the illegal possession or use of drugs by employees. Further, I understand that County does not tolerate on-the-job possession or use of alcoholic beverages or on-the-job impairment as a result of the use of alcoholic beverages. I recognize that County has the right to conduct drug testing of applicants and drug and alcohol testing of employees.

**Rules and Policies.** I agree to conform to the rules and policies of County and acknowledge that these rules and policies may be changed, withdrawn, added to or deviated from by County at any time and without prior notice to me.

**False or Incomplete Information.** I understand that if County discovers or believes that I have given false or incomplete information on this application, County will consider me ineligible for employment with County, or, if employed, no longer eligible for continued employment.

**Release.** I release the County and any employer releasing information to the County from any liability, including liability for negligence claims, due to the investigation of my background or release of information to the County.

**I certify that the information in this application and any attachments and my résumé is ACCURATE AND COMPLETE.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**EQUAL OPPORTUNITY EMPLOYER**

EEO STATISTICAL DATA FORM

Dear Applicant:

Our commitment to a policy of providing equal employment opportunities to all applicants without regards to race, color, disability, religion, age, sex, or national origin require that certain information on all job applicants be gathered and maintained for statistical purposes only. Completion of this form is voluntary on your part and will not affect your opportunities for employment. However, to fulfill our commitment, we would appreciate your supplying the information requested below.

***PLEASE NOTE:*** The information requested on this form will be used for statistical reporting purposes only. It will be separated from your application form and will not be used in any way in evaluating your qualifications for employment, nor will it become a part of your personnel file if you are hired.

**INSTRUCTIONS:** Please check the box corresponding to the correct response(s) in each of the categories below.

**SEX**

- Male
- Female

**RACIAL/ETHNIC GROUP**

- Caucasian (Not of Hispanic Origin)
- Black (Not of Hispanic Origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native

**AGE (in years)**

- Under 40
- 40 and above

**SOURCE OF INFORMATION ABOUT APPLYING**

- Posted job announcement
- Texas Employment Commission
- Current employee
- Friend
- Professional publication
- Newspaper
- Just walked in
- Other (specify) \_\_\_\_\_

**DISABILITY**

Do you have a disability?  Yes  No

(Disability is described as:

1. Physical or mental impairment which substantially limits a major life activity;
2. Previous record of such an impairment; or
3. Being regarded as having such an impairment.)

**VETERAN STATUS**

- Other Protected Veteran
- Vietnam Era Veteran
- Armed Forces Service Medal Veteran
- Recently Separated Veteran

**If you are a Recently Separated Veteran (within the last three years), please enter date of discharge/release from active duty.**

\_\_\_\_\_