

**ARANSAS COUNTY
Employment Application**

Aransas County is an Equal Opportunity Employer and considers employment applications 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
Department:			
_____ 1931 FM 2165, Rockport, TX 78382 _____ (361) 790-0152 FAX (361) 790-0189			
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)			Social Security Number
Driver License Number	Class	State	

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. _____

Do you have relatives that work here? YES NO If yes who. _____

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 contendere 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.

EDUCATION

	School Name & Location	Course of Study	No. Years Completed	Did You Graduate?	Degree/ Diploma
College					
High School					
Other					

PREVIOUS EMPLOYMENT

(Begin with most recent and list all employers. Include any military employment that is not-related. Attach additional pages if necessary.)

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 _____

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 _____

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

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 which you are applying, including any Equipment skills.

Skill _____ Experience _____

Skill _____ Experience _____

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.

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 any time, and the 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 the County has the authority to make any assurances or agreements to the contrary.

Consent to Disclosure of Information. I hereby grant permission to the County or its agents to investigate my previous employment education background, character references, and information submitted in my application, any attachments, and resume. I also consent to the release of information from previous employers, supervisors, and reference about me to the County or Sheriff's Office.

Drugs and Alcohol. I understand the County does not tolerate the illegal possession or use of drugs by employees. Further, I understand that the 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 alcohol beverages. I recognize that the 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 the County and acknowledge that these rules and policies may be changed, withdrawn, added to or deviated from by the County at any time and without prior notice to me.

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

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

I certify that the information in this application and any attachments and my resume 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.
