



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)	Date of Birth	Social Security Number	
Driver's 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 Employers Phone #: _____
- 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 job-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 _____

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 _____

Reason for Leaving _____

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 _____

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 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 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, educational 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 references about me to the County.

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 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 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 or Incomplete information. I understand that if the County discovers or believes that I have given false or incomplete information on this 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 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 resume is **ACCURATE AND COMPLETE.**

Date

Signature

EQUAL OPPORTUNITY EMPLOYER