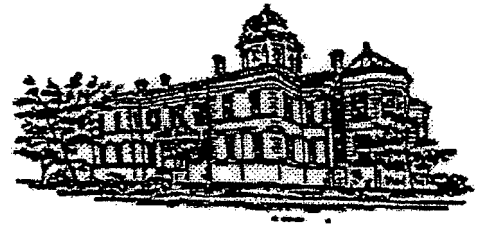


APPLICATION FOR EMPLOYMENT

KINNEY COUNTY, TEXAS



Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job elated medical condition or handicap.

PLEASE PRINT:

NAME: _____
 LAST FIRST MIDDLE

ADDRESS: _____
 PO BOX PHYSICAL CITY, STATE, ZIP

TELEPHONE: _____
 HOME CELL ALTERNATE

SOCIAL SECURITY #: _____

Position(s) Applying for: _____

Referral Source Advertisement Friend Relative Walk-In
 Employment Agency Other: _____

If employed and you are under 18, can you furnish a work permit? YES NO

Have you filed an application here before? YES NO If Yes, give date: _____

Have you ever been employed here before? YES NO If Yes, give date: _____

Are you employed now? YES NO May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration stats may be required upon employment.) YES NO

On what date would you be available for work? _____

Are you available to work Full Time Part Time Shift Work Temporary

Are you on a lay-off and subject to recall? YES NO

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
(Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain: _____

Veteran of the U.S. Military service? Yes No If Yes, what branch? _____

LANGUAGE(S):

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional trade, business or civic activities and office held. (You may exclude those which indicate race, color, religion sex or national origin): _____

REFERENCNS (not related to you and are not previous employers)

NAME	PHONE	ADDRESS	RELATIONSHIP

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps: Government contractors are subject to 38 US 2012 of the Vietnam Era Veterans Readjustment Act f 194 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 502 f the Rehabilitation Act o1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran or have a physical or mental handicap you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment. If you wish to be identified, please sign below.

- Handicapped Individual
- Disabled Veteran
- Vietnam Era Veteran

Printed Name: _____ Signature: _____

Employment Experience

Start with your present or last Job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Dates Employed From: To:
Address	Summary of Job Duties:
Job Title	
Supervisor and Phone Number	
Reason for Leaving	
Employer	Dates Employed From: To:
Address	Summary of Job Duties:
Job Title	
Supervisor and Phone Number	
Reason for Leaving	
Employer	Dates Employed From: To:
Address	Summary of Job Duties:
Job Title	
Supervisor and Phone Number	
Reason for Leaving	
Employer	Dates Employed From: To:
Address	Summary of Job Duties:
Job Title	
Supervisor and Phone Number	
Reason for Leaving	

SPECIAL SKILLS AND QUALIFICATIONS

Names of Schools Attended and Location	Dates Attended		Major or Field	Degree Received
	From:	To:		
High School				
College/ University				
Trade School				
Other Training				

State any additional information you feel may be helpful to us in considering your application.

APPLICANT’S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that his application is not and is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all the rules and regulations of the company.

Applicant Signature: _____ **Date:** _____

SUBMISSION INSTRUCTIONS

Please submit this completed application to the Kinney County Judge’s office via:

- Email – county.admin@co.kinney.tx.us
- Postal Mail – PO Box 348, Brackettville, Texas 78832
- In Person – 501 S Ann Street, Brackettville, Texas 78832

FOR OFFICE USE ONLY		
Position:	_____	
	<u>Date</u>	<u>Initials</u>
Received	_____	_____
Reviewed	_____	_____
Hired	_____	_____