



Hays County Employment Application

Peace Officers (do not use for positions in the Sheriff's Office)

Date of Application: _____

Job Posting # _____

Note to applicants: a resume will not be accepted in lieu of this application. Failure to complete the application form will result in non-consideration. If you need assistance in completing this application, please inquire at the Human Resources department.

If more space is needed, please attach additional sheets.

Personal Information

The following questions ask for information that is required for a bona fide occupational qualification, or dictated by national security law, or is requested for other legally permissible reasons.. The application process for this position is subject to all of the applicable TCLEOSE rules and statutes.

Name: _____
(last) (first) (middle)

Mailing Address: _____
(street) (city) (state & zip code)

Phone/E-mail: _____
(phone) (other phone) (e-mail)

Are you 18 years of age or older? yes no

Can you, after being hired, verify your legal right to work in the United States? yes no

Have you ever been employed by Hays County? yes no

Are you related by blood or marriage to any current Hays county employee? yes no

Dept: _____ Name: _____

Dates From-To: _____ Relationship/Dept: _____

Please list any other names you have used in connection with employment or education:

Have you ever been convicted of or plea bargained to a felony or misdemeanor offense yes no

Are you a Veteran of the U. S. Armed forces? yes no

Date/Place: _____ Branch: _____

Rank: _____

Dates of Active Duty: _____

What languages do you speak fluently?

Job Details

Job Title of the position you are applying for: _____

Date you can start: _____ Salary desired: _____

Type of position: full-time part-time

Will you work irregular hours? yes no

Specify days of the week and # of hours preferred:

Education & Training Record

Schools Attended	School Name, City, State	Graduate?	Type of degree/ diploma	Major
High School				
College, University, Technical School				
College, University, Technical School				

List academic honors, scholarships, etc., that you feel are significant and relevant to your

List professional licenses/ certifications that apply to this application

List all subjects of special study or training that you feel are significant and relevant to this application.

Type:	State:	Expiration Date:	Number:

Employers & Work History

List all employers for the past 10 years, starting with your current employer. Include at least three (3) employers even if you must go back more than 10 years. (Please attach additional sheets if necessary.)

Name, address, phone for current /past employer:		May we contact them? <input type="checkbox"/> yes <input type="checkbox"/> no
Dates of employment: (from mo/yr to mo/yr)		Position:
Supervisor's Name:		Title:
Ending Salary: \$ per	Position Description, Duties:	
Reason for Leaving:		
Name, address, phone for current /past employer:		May we contact them? <input type="checkbox"/> yes <input type="checkbox"/> no
Dates of employment: (from mo/yr to mo/yr)		Position:
Supervisor's Name:		Title:
Ending Salary: \$ per	Position Description, Duties:	
Reason for Leaving:		
Name, address, phone for current /past employer:		May we contact them? <input type="checkbox"/> yes <input type="checkbox"/> no
Dates of employment: (from mo/yr to mo/yr)		Position:
Supervisor's Name:		Title:
Ending Salary: \$ per	Position Description, Duties:	
Reason for Leaving:		
Name, address, phone for current /past employer:		May we contact them? <input type="checkbox"/> yes <input type="checkbox"/> no
Dates of employment: (from mo/yr to mo/yr)		Position:
Supervisor's Name:		Title:
Ending Salary: \$ per	Position Description, Duties:	
Reason for Leaving:		
Name, address, phone for current /past employer:		May we contact them? <input type="checkbox"/> yes <input type="checkbox"/> no
Dates of employment: (from mo/yr to mo/yr)		Position:
Supervisor's Name:		Title:
Ending Salary: \$ per	Position Description, Duties:	
Reason for Leaving:		

Please explain all periods of unemployment exceeding 90 days:

Name	Address	Phone Number	Years Acquainted

Personal References

List three (3) people, other than relatives who have knowledge of your work experience or education.

TO WHOM IT MAY CONCERN:

I hereby authorize the **Hays County** _____ and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind* which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number/TCLEOSE PID number and Driver's License number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____
Address: _____
Telephone Number: _____ SocSec./PID # _____

Driver's License # _____
Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____,
in and for _____ County, in the state of _____.

(Notary Seal)

Signature of Notary Public: _____
Printed Name of Notary Public: _____
My Commission Expires: _____

Authority to Release Information*

*Source: Texas Commission on Law Enforcement – Best Practices Authority to Release Information Waiver (ref. Texas Occupational Code, Chapter 1701.451a2A)

Applicant's Statement

I certify that all information included in this application packet is true and correct to the best of my knowledge. I authorize Hays County to investigate all information contained in this packet to the extent it deems necessary in arriving at an employment decision.

This application will be considered for a period not to exceed 90 days.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship is of an At Will nature, which means that an employee may resign at any time and the employer may discharge an employee at any time with or without cause. It is further understood that this At Will employment relationship may not be changed by any written document, including personnel or employee handbook, or by any verbal agreement.

I understand that false or misleading information given in my application package or interview may result in my removal from consideration for employment; or, if after employment, it may result in disciplinary action or discharge.

I also understand that in the event of employment I will be required to abide by all rules and regulations of Hays County.

I understand that no person shall be denied employment with Hays County on the basis of any legally prohibited discrimination involving, but not limited to, race, color, creed, religion, gender, national origin, age, disability, marital status, Veteran status, sexual orientation, or any other legally protected status.

(signature)

(date)

What led you to apply for this job?

- Stopped in to check on available jobs Texas Workforce Commission Referred by a County employee
- County Website Newspaper/Magazine/Other Website
- Other: _____

For HR and Department Use Only

- _____ Packet logged
- _____ Interview
- _____ Reference check
- _____ Hire, subject to results of background checks, medical/drug/alcohol testing, and any other required pre-employment testing
- _____ PCN prepared and forwarded to HR
- _____ Return packet to HR

Hays County Equal Opportunity Data Sheet

Date: _____

Name: _____

Position Number: _____

SSN: _____

1. Completion of this section is *strictly voluntary*. The information will be used to accommodate Equal Employment Opportunity tracking and reporting requirements.

Ethnic Origin:

- Asian
- Black
- Hispanic
- American Indian
- Caucasian
- Other

Gender:

- Male
- Female

Veteran:

- No
- Vietnam
- Other

2. Completion of this section is *strictly voluntary*. The information will be used to determine if reasonable accommodation circumstances exist.

Disabled:

- Yes
- No