



ELLIS COUNTY APPLICATION FOR EMPLOYMENT



EQUAL OPPORTUNITY EMPLOYER

PLEASE READ CAREFULLY. TO BE CONSIDERED FOR EMPLOYMENT ALL QUESTIONS MUST BE ANSWERED.

PERSONAL

LAST NAME _____ FIRST _____ MIDDLE _____ TODAY'S DATE _____
 HOME STREET ADDRESS _____ APT _____ CITY _____ STATE _____ ZIP CODE _____
 HOME PHONE _____ CELL PHONE _____ BEST CONTACT NUMBER _____ E-MAIL ADDRESS _____

ARE YOU 21 YEARS OF AGE OR OLDER?

IF NOT, ARE YOU AT LEAST 18 YEARS OF AGE?

IF EMPLOYED, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE GREATER THAN A TRAFFIC VIOLATION?

IF YES LIST BELOW:

DATE	OFFENSE	DISPOSITION
DATE	OFFENSE	DISPOSITION

HAVE YOU SERVED IN THE U.S. ARMED FORCES?

HAVE YOU BEEN PREVIOUSLY EMPLOYED BY ELLIS COUNTY?

IF YES LIST BELOW

DATES: FROM _____ TO _____ LOCATION _____ POSITION _____

ARE YOU RELATED TO ANYONE EMPLOYED BY ELLIS COUNTY?

IF YES, STATE NAME AND LOCATION: _____

HOW DID YOU LEARN OF THIS JOB OPENING? _____

JOB INTEREST – POSITION(S) DESIRED

FIRST CHOICE	SECOND CHOICE	DATE AVAILABLE	SALARY DESIRED
WORK HOURS/SHIFT PREFERRED	FULL TIME YES NO	PART TIME YES NO	DAYS YES NO
		EVENINGS YES NO	NIGHTS YES NO
			WEEKENDS YES NO

EDUCATIONAL RECORD

HIGHEST GRADE COMPLETED _____

NAME, CITY, AND STATE OF SCHOOLS ATTENDED _____ MAJOR FIELD _____ GRADUATED _____

LAST HIGH SCHOOL: _____

LAST COLLEGE/UNIVERSITY: _____

GRADUATE SCHOOL: _____

TECHNICAL/VOCATIONAL SCHOOL: _____

LIST THE COURSES THAT YOU ARE NOW ENROLLED IN: _____

PROFESSIONAL LICENSES/CERTIFICATIONS

TYPE	STATE ISSUED	DATE ISSUED	EXPIRES ON	NUMBER
TYPE	STATE ISSUED	DATE ISSUED	EXPIRES ON	NUMBER

SKILLS

Please indicate the experience you have by checking the box next to the job skill described below.

<u>Office Skills</u>		<u>Road and Bridge Worker Positions Only</u>		
Typing	____ wpm	MS Word	Front End Loader	Dozer
Shorthand	____ wpm	MS Access	Grade-All	Dump Truck
10-Key		MS Excel	Diesel Mechanics	Backhoe
Word Perfect		Power Point	Motor Grader	CDL
Multi-Line Phone		Cash Handling Exp	Other (please list): _____	
Other (please list): _____		_____		
Language Skills: Which Language: _____		Speak	Read	Write

WORK EXPERIENCE

WHAT OTHER NAME(S) HAVE YOU WORKED UNDER? _____

MAY WE CONTACT YOUR PRESENT EMPLOYER?

LIST YOUR LAST OR PRESENT EMPLOYER FIRST (INCLUDING VOLUNTEER EXPERIENCE) FOR THE PAST 10 YEARS

EMPLOYER _____	DATES EMPLOYED: FROM (mo/yr): _____ TO (mo/yr): _____		
STREET ADDRESS _____	CITY _____	STATE _____	PHONE _____
POSITION TITLE _____	STARTING SALARY _____	FINAL SALARY _____	
SUPERVISOR'S NAME AND TITLE _____	PERSON(S) WE MAY CONTACT FOR REFERENCE _____		
BRIEFLY DESCRIBE YOUR DUTIES _____			
REASON FOR LEAVING _____			

EMPLOYER _____	DATES EMPLOYED: FROM (mo/yr): _____ TO (mo/yr): _____		
STREET ADDRESS _____	CITY _____	STATE _____	PHONE _____
POSITION TITLE _____	STARTING SALARY _____	FINAL SALARY _____	
SUPERVISOR'S NAME AND TITLE _____	PERSON(S) WE MAY CONTACT FOR REFERENCE _____		
BRIEFLY DESCRIBE YOUR DUTIES _____			
REASON FOR LEAVING _____			

EMPLOYER _____ DATES EMPLOYED: FROM (mo/yr): _____ TO (mo/yr): _____

STREET ADDRESS _____ CITY _____ STATE _____ PHONE _____

POSITION TITLE _____ STARTING SALARY _____ FINAL SALARY _____

SUPERVISOR'S NAME AND TITLE _____ PERSON(S) WE MAY CONTACT FOR REFERENCE _____

BRIEFLY DESCRIBE YOUR DUTIES _____

REASON FOR LEAVING _____

EMPLOYER _____ DATES EMPLOYED: FROM (mo/yr): _____ TO (mo/yr): _____

STREET ADDRESS _____ CITY _____ STATE _____ PHONE _____

POSITION TITLE _____ STARTING SALARY _____ FINAL SALARY _____

SUPERVISOR'S NAME AND TITLE _____ PERSON(S) WE MAY CONTACT FOR REFERENCE _____

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SUPERVISOR'S NAME AND TITLE _____ PERSON(S) WE MAY CONTACT FOR REFERENCE _____

BRIEFLY DESCRIBE YOUR DUTIES _____

REASON FOR LEAVING _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM:

Ellis County does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give Ellis County the right to make a thorough, post-offer investigation of my past employment and activities. I agree to cooperate in such investigation and release from all liability of responsibility all persons, companies or corporations supplying such information. I consent to take an employment physical examination, and passing same is a condition of employment, and such further physical examinations as may be required by Ellis County at such times and places as Ellis County shall designate.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without a reason. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete the Employment Eligibility Verification form (I-9), and show satisfactory evidence of Identity and Employment Authorization as outlined by the Department of Homeland Security. A list of acceptable documents is included with this application. I UNDERSTAND THAT ELLIS COUNTY PARTICIPATES IN E-VERIFY TO VERIFY MY ELIGIBILITY TO WORK IN THE U.S.

Applicant's Signature

Date

RETURN COMPLETED APPLICATIONS TO:

Ellis County
Human Resources
302 N. Monroe St., Ste 338
Waxahachie, TX 75165
humanresources@co.ellis.tx.us