

COUNTY OF BLANCO
 BLANCO COUNTY, TEXAS
 P.O. BOX 471
 JOHNSON CITY, TX 78636



APPLICATION FOR EMPLOYMENT

Date of Application: _____
Position (s) Applied For: _____
Referral Source: _____

APPLICANT INFORMATION

Last Name	First	M.I.	Date	
Street Address			Apartment/Unit #	
City	State	ZIP		
Phone	E-mail Address			
Date Available	Social Security No.	Desired Salary		
Position Applied for				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION

High School			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

Indicate languages you speak. read and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
 (You may exclude memberships which would reveal sex, race, religion national origin,
 age, ancestry or handicap or other protected status):

We consider applicants for all positions without regard to race, color religion, sex, national origin, age marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status

AN EQUAL OPPORTUNITY EMPLOYER

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$

Responsibilities

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From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$

Responsibilities

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From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? YES NO

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$

Responsibilities

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From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

Special Skills and Qualifications:

Military Service

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps. Government contractors are subject to 38 USC 2013 of the Viet era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, 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 which will be treat, 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

Signed _____
Vietnam Era Veteran

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

Date

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. This application for employment shall be considered active for a period of time not to exceed 45days. Any applicant wishing to be considered for employment beyond this time period should inquire to whether or not applications are being accepted at that time- The applicant understands that neither this document nor any offer of employment from the employer constitute an employee contract unless a specific document to that affect is executed by the employer and employee in writing, 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 rules and regulations of this employer.

Signature

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the County of Blanco Texas 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 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: _____

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: _____