

# APPLICATION FOR EMPLOYMENT

## ANDREWS COUNTY

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

Please PRINT OR TYPE:

Date of Application: \_\_\_\_\_

Position(s) Desired: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Last First Middle

Number Street City State

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Visa or Alien Number: \_\_\_\_\_ Type of Drivers License and Number \_\_\_\_\_

Have you ever filed an application here before? \_\_\_\_\_ If so When? \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ If so When? \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

Are you seeking full time \_\_\_\_\_ Part-time \_\_\_\_\_ or Temporary \_\_\_\_\_ employment?

Can you travel if a job requires you to do so? \_\_\_\_\_ Have you ever been in the Military? \_\_\_\_\_

If so what branch? \_\_\_\_\_ Date of service \_\_\_\_\_

List any foreign languages that you speak or write \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If so, describe and give date \_\_\_\_\_

\_\_\_\_\_

**List three personal references, (Should not be relatives or previous employer. Also, telephone numbers and addresses):**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**List last three places of employment: name, address, phone number, dates employed, job performed:**

1. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Job Performed: \_\_\_\_\_

2. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Job Performed: \_\_\_\_\_

3. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Job Performed: \_\_\_\_\_

List any special skills or qualifications that you require: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have relatives working for Andrews County? \_\_\_\_\_ If so, please list their name(s) and department in which they work: \_\_\_\_\_  
\_\_\_\_\_

Summarize any special skill, training, educational background or work experience that you feel would assist you, should you ever be employed by Andrews County: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that due to the nature of the work, requirements placed upon the County by insurance and other regulating agencies, it is necessary for references that I have listed to be contacted. A check on my driving and criminal record must be run and approved. Andrews County will arrange and pay for a complete physical, which includes drug testing, of all prospective employees prior to their employment.

I hereby state that the information provided in this application is true and correct, and grant permission for an investigative agency to verify any/all facts herein stated. I realize that falsification of this information can be grounds for dismissal or prevention of becoming employed by Andrews County. I understand, also, that I am required to abide by all rules and regulations of the employer.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "AT WILL" nature which means that the EMPLOYEE may resign at any time and the EMPLOYER 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 or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

**THIS IS NOT AN OFFER FOR EMPLOYMENT OR A CONTRACT FOR EMPLOYMENT.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH YOUR RESUME**