



# ECTOR COUNTY, TEXAS

## APPLICATION FOR EMPLOYMENT



### AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment, advancement opportunities, and access to services for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, or any other classification protected by law. If you need assistance completing this application and/or with any testing required during the application process, please ask the staff in the Personnel Office so that assistance may be provided. A job description will be available for your review for each job posted.

### PLEASE PRINT IN INK

NAME (As it appears on Social Security Card / Work Permit Card)	Last <span style="margin-left: 150px;">First</span> <span style="margin-left: 150px;">M.I.</span>		
SOCIAL SECURITY NUMBER			
ADDRESS			
CITY, STATE, ZIP			
HOME TELEPHONE	MESSAGE CONTACT Name <span style="margin-left: 100px;">Area Code</span> <span style="margin-left: 20px;">Number</span>		
DAYTIME TELEPHONE	ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER NAMES YOU HAVE USED:			
POSITION APPLIED FOR:		DEPARTMENT:	
REFERRED FOR THIS POSITION BY:		DATE AVAILABLE:	
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? <input type="checkbox"/> NO <input type="checkbox"/> YES WHEN? <span style="margin-left: 50px;">DEPARTMENT:</span>			
SUPERVISOR:		REASON FOR LEAVING:	
DO YOU HAVE A RELATIVE CURRENTLY WORKING FOR ECTOR COUNTY? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHAT IS HIS OR HER NAME? _____			
WHAT IS YOUR RELATIONSHIP? _____			
IN WHAT DEPARTMENT DOES YOUR RELATIVE WORK? _____			
<p><b>HAVE YOU EVER BEEN CONVICTED, OR PLED GUILTY OR NO CONTEST TO, A FELONY OFFENSE? IF SO, PLEASE EXPLAIN. IMPORTANT: FOR PURPOSES OF EMPLOYMENT WITH ECTOR COUNTY, "CONVICTIONS" INCLUDE SENTENCED TO CONFINEMENT, PAID FINE, TIME SERVED, PLACED ON PROBATION (INCLUDING DEFERRED ADJUDICATION) AND COURT-ORDERED RESTITUTION. A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.</b></p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, Give location, date, charge and disposition of case(s) on a separate page</p>	<p><b>IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:</b></p> <p>I HAVE A VALID DRIVER'S LICENSE:</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>TYPE: _____</p> <p>DRIVER'S LIC. # _____</p> <p>STATE: _____</p>	<p><b>CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?</b></p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	

## U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

\_\_\_\_\_ Branch of Service

From: \_\_\_\_\_ To: \_\_\_\_\_  
Dates Served Type of Discharge

### EDUCATION / SKILLS

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				9 10 11 12			
COMMUNITY or JUNIOR COLLEGE				1 2			
				1 2			
BUSINESS or TRADE SCHOOL				1 2			
COLLEGE or UNIVERSITY				1 2 3 4			
				1 2 3 4			
				1 2 3 4			
GRADUATE SCHOOL							

### COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency With The Software
Word Processing		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar

### LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR

PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)	NAME	DATE	NAME	DATE

Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status

### JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

## EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.  
BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

(ATTACH ADDITIONAL PAGE IF NECESSARY)

## EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

\_\_\_\_\_  
\_\_\_\_\_

(ATTACH ADDITIONAL PAGE IF NECESSARY)



**AUTHORIZATION AGREEMENT NOTARIZATION**

STATE OF TEXAS     §

COUNTY OF ECTOR   §

BEFORE ME, the undersigned, a Notary Public in and for Ector County, Texas, on this day personally appeared \_\_\_\_\_, known or proven to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_

**PLEASE NOTICE:     ONLY THOSE APPLICANTS SELECTED FOR INTERVIEWS  
WILL BE NOTIFIED OF THEIR SELECTION OR NON-  
SELECTION FOR EMPLOYMENT WITH ECTOR COUNTY.**

**APPLICATIONS ARE KEPT ON FILE FOR ONE (1) YEAR,  
BUT ARE CONSIDERED CURRENT FOR SIX (6) MONTHS.**

## **FAIR CREDIT REPORTING ACT Disclosure and Authorization Statement**

**To: All Applicants For Employment** *(Please Read Carefully Before Signing Below)*

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

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Name *(please print)*

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Signature

Date Signed

***(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)***

## VOLUNTARY CONSENT TO PRE-EMPLOYMENT DRUG TESTING

Applicant Name: \_\_\_\_\_  
(Please Print)

Ector County has a vital interest in maintaining safe, healthful and efficient working conditions for its employees. Using or being under the influence of drugs may pose serious safety and health risks not only for the user but for his/her co-workers and the public, as well.

By signing this Notice, the applicant understands and voluntarily agrees to submit to pre-employment drug screening. The applicant further agrees to release Ector County and its directors, officers, agents, employees, subsidiaries and affiliated concerns from any and all liability, claims, demands, damages and causes of action of every kind and nature arising out of the pre-employment drug screening and any decision concerning employment made by Ector County, in whole or in part, based upon the results of the pre-employment drug screen.

ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH ECTOR COUNTY. Refusal of any applicant to agree to pre-employment drug screening at this time does not preclude an applicant from applying for employment with Ector County at some future time when the applicant will agree to conform to our policies.

I understand that my offer of employment with Ector County is contingent upon my taking and passing a test for the presence of illegal drugs. I further understand and agree that I may be terminated from Ector County should the results be positive for the presence of illegal drugs. I voluntarily consent to have a sample of my urine collected for the purpose of drug testing. In the event I should submit two or more samples for drug screening in connection with my application for employment, I understand that each sample must be negative for the presence of illegal drugs. The drug test will be conducted by a clinical, SAMHSA certified laboratory. I hereby authorize the results of this testing to be released to Ector County. This consent is subject to revocation at any time upon written notice. I understand that I may receive a copy of this consent form upon written request.

Signature of Applicant: \_\_\_\_\_

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

(To be maintained on file with Employment Application)

**\*\*\* VOLUNTARY AFFIRMATIVE ACTION INFORMATION \*\*\***

**THE COUNTY OF ECTOR IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment, advancement opportunities, and access to services for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, or any other classification protected by law. As an employer with an Equal Opportunity Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is **OPTIONAL**. If you **choose** to **volunteer** the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OF ANY DATE WILL NOT AFFECT ANY EMPLOYMENT DECISION.

NAME \_\_\_\_\_  
LAST FIRST M.I.

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SEX: MALE  FEMALE  BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_  
MO. DAY YEAR

CHECK ALL THAT APPLY: DISABLED  VETERAN  VIET-NAM ERA VETERAN

YOUR RACE/ETHNIC GROUP – CHECK ONE:

AMERICAN INDIAN \_\_\_\_\_, (Indicate Tribal Affiliation) \_\_\_\_\_

ASIAN OR PACIFIC ISLANDER \_\_\_\_\_ BLACK (Non-Hispanic) \_\_\_\_\_ ALASKAN NATIVE \_\_\_\_\_

HISPANIC \_\_\_\_\_ WHITE (Non-Hispanic) \_\_\_\_\_ OTHER (Specify) \_\_\_\_\_

WHAT INFLUENCED YOU TO APPLY FOR EMPLOYMENT WITH THE COUNTY OF ECTOR? (CHECK ONE)

FRIEND/RELATIVE \_\_\_\_\_ NEWS MEDIA AD \_\_\_\_\_ PRIVATE EMPLOYMENT AGENCY \_\_\_\_\_

ECTOR COUNTY'S WEBSITE \_\_\_\_\_ STATE EMPLOYMENT REFERRAL \_\_\_\_\_

OTHER (Please Specify) \_\_\_\_\_

**\*\*\* NOT FOR INTERVIEW PURPOSES – TO BE FILED SEPARATELY \*\*\***