

ECTOR COUNTY, TEXAS

Application for Employment

A It is our policy to comply fully with all f equal employment, advancement oppo origin, age, religion, disability, marital st application and/or with any testing requ assistance may be provided. A job des	edera rtuniti atus, uired o	al, state an es, and ac or any oth during the on will be a	d local equal ccess to servic er classificatio application pr	ces for all persons regardle on protected by law. If you ocess, please ask the staf our review for each job post	ess of race, cr need assistant f in the Persor	eed, sex, national ce completing this
Applicant Name: (As it appears on Social Secuirty Card or Work Permi	n La	ast		First		MI
Social Security Number		XXX –	- XX –			
Other Names Used:						
Email:						
Address:						
City, State, & Zip						
Telephone Number	()	-	Are you at least 18 ye	ars old?	🗌 YES 🗌 NO
Position(s) appling for:	1.			2.	3.	
Department of position:						
Referred by:				Available date:		
If hired, can you submit ver Have you ever been emplo When:	yed	by Ect			□ YES □ YES	□ NO □ NO
Do you have a relative curr				tor County?	□ YES	
If yes, his/her name:		•	-	Department:		
Have you ever been convicted, or pled guilty or no contest to, a felony offense? <u>IMPORTANT</u> : 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. If Yes, Give location, date, charge and disposition of case(s) on a separate page						
If applying for a position which requires driving a vehicle, please provide the following information: I have a valid driver's license:						
Type: State:		Drive	er's lic. #	E	xpires:	

Initial and date this page to indicate that you have provided complete and accurate information

			U.S	. M	ilit	ary	y S	ervi	ice	•						
If you have served in the U.S. Military, please provide the following information: Branch:																
From: To: Type of Discharge:																
			Ec	luc	ati	on	18	Skill	S							
Education Level	Na	ame City State			Circle Years Completed Co				Units Completed			Degree			Мајо	or
High School				9 1	10	11	12									
Community or Junior College					1	2										
Business or Trade School																
College or University				1	2	3 3	4									
Graduate School				1	2	3	4									
		Co	mp	ute	r S	of	twa	are S	Sk	cills						
Computer Software Skills Computer Software Your Proficiency with the Software					tware											
Word Processing										□ Skille						miliar
Spreadsheet										□ Skille	ed	□ Cor			□Fa	miliar
Database										Skille	ed	🗆 Cor	npete	nt	□Fa	miliar
Other										Skille	ed	🗆 Cor	npete	nt	□ Fa	miliar
		Licenses	/ Ce	rtif	ica	otic	ons	10	ra	aniza	atio	Contraction of the	GUID			
Profession Licenses Certificat	and	Types of Li and Certific	cens	es		Da	ate ued			Registi Num	rat	ion	Sta	ate		pires / Year
(Job Relate																
						Na	me			Date	;	N	ame	Э		Date
Professio	onal, So	cholastic, and	d l													
Other Organizations																
		ate your race, religion, disability, or veteran s														
	Job Related Training															
				Yea											Yea	rs
Nam	e of Co	ourse		ompleted			Na	Name of Course				Completed				
	_															

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	on of the application mus	supplement	um of 10 year ted by a resur	r work his me.		
List	t your most recent emplo Base salary	oyer first including does not include c				unteer work.
From (Mo/Yr)	To (Mo/Yr)	Total	Yrs	Mos	Your Position	
Employer					Your Supervisor	
Address					Phone	() -
Type of Business Base Salary	Start Final	— — — — — — — — — — — — — — — — — — —	Reason for L	¥	Other Compensa	tion, Bonuses
	f your duties and responsib		ny 🗆 weeny 🖻	l Huuny	Other Compensa	
Differ desetup at	your addoc and,					
From (Mo/Yr)	To (Mo/Yr)	Total	Yrs	Mos	Your Position	
Employer						
Address					Phone	() -
Type of Business	Ctart Final		Reason for Le		211 0-1122000	
Base Salary Brief description of	Start Final f your duties and responsib		hly 🗆 Weekiy 🗆	Houriy	Other Compensa	tion, Bonuses
Blief description of	your duties and responsio					
From (Mo/Yr)	To (Mo/Yr)	Total	Yrs	Mos	Your Position	
Employer					Your Supervisor	
Address					Phone	() -
Type of Business			Reason for Le			
Base Salary	Start Final		thly □ Weekly □	Hourly	Other Compensat	tion, Bonuses
Brief description of	f your duties and responsib	ilities				
From (Mo/Yr)	To (Mo/Yr)	Total	Yrs	Mos	Your Position	
Employer					Your Supervisor	
Address				_	Phone	() -
Type of Business			Reason for Le			
Base Salary	Start Final		hly 🗆 Weekly 🗆	Hourly	Other Compensat	tion, Bonuses
Brief description of	f your duties and responsib	ilities				
From (Mo/Yr)	To (Mo/Yr)	Total	Yrs	Mos	Your Position	
Employer					Your Supervisor	
Address					Phone	() -
Type of Business			Reason for Le	eaving		
Base Salary	Start Final		hly 🗆 Weekly 🗆	Hourly	Other Compensat	tion, Bonuses
Brief description of	your duties and responsib	ilities				
	Explanation of	Eletorrupti	one in F	mal	wmont Hi	oton
	Explanation of					
Please use this space protected activity.	e to explain employment histor	y interruptions since his	gh school that a	o not perta	ain to pregnancy, chin	d care, disability or any other

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Reterences						
Name	Name					
Address	Address					
City, State, & Zip	City, State, & Zip					
Phone Number () -	Phone Number () -					
Relationship	Relationship					
(No Relatives)	(NU Relatives)					
Name	Name					
Address	Address					
City, State, & Zip	City, State, & Zip					
Phone Number () -	Phone Number () -					
Relationship	Relationship					
Authorization a	and Agreement					
	nt Employer(s): □Yes □ No					
	mployer(s): □Yes □ No					
As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices a personal, school and employment references may be contacted by a consumer reporting agency or County personnel to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcript information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to the participating in this decision or those who process employment applications. As part of this investigation, a consumer reporting agency or County personnel may also cond a check of criminal records. This agency may keep and use information it supplies to us in this investigation for its own business purposes. Further information such as to name of the consumer reporting agency or the nature and scope of such inquiry, if one is made, is available to you upon written request. You will also be given a separt disclosure and authorization to review and sign concerning any reports prepared about your background for us by a consumer-reporting agency that compiled the report. I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employ and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete a requisite authorizations forms. I release the employer, its agents and all providers of information requires of employment application. I agree to such the event of employment, this authorization and release is valid throughout my employment and plotocopy is as effective as the original.						
I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all docu necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.						
As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of information is strictly voluntary and may be made to the Personnel Director.						
crime involving dishonesty or a breach of trust while my application is pending or during						
I understand and agree that if I am applying for a law enforcement or jail position, I will be required to comply with all the requirements of the Texas Commission on Law Enforcement Officer Standards and Education or other equivalent agency as required by the State. I further understand that any offer of employment is conditioned upor completing all those tests, including physical agility, to determine my fitness for this position.						
I understand and agree that, if required for the position, I will submit to a pre-employment driving record check and/or pre-employment physical, and in accordance with the County's adopted policies, I will submit to a pre-employment drug/alcohol screen as well as any other drug/alcohol screenings as required by the County's policy. I understand and agree that, if I refuse to submit to such physical, drug/alcohol screen, or driving record check, I will not be considered for employment with Ector County. I also understand that, once employed, refusal to submit to such exams or a positive result on a drug/alcohol screen will be grounds for disciplinary action, which may include termination.						
I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.						
I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.						
DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE						
Signature of Applicant	Date					

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VOLUNTARY CONSENT TO PRE-EMPLOYEMENT 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:

Date_____

(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)

*** VOLUNTARY AFFIRMATIVE ACTION INFORMATION ***

THE COUNTY OF ECTOR IS AN EQUL OPPROTUNITY/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 <u>choose</u> to <u>volunteer</u> the requested information, please note that all Data Records are kept in a Confidential File and <u>are not</u> a part of your Application for Employment or personnel file.

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

Name:		
Last Address	First Phone	M.I.
Position Applied for:		
Date of Application	Social Security Number	899
Sex: 🗆 Male 🗆 Female Birthdate	Month Day Year	
Check all that apply:	∃ Veteran □ Viet-Name Era \	/eteran
Your Race/Ethnic Group: Check One American Indian (Indicate Tribal Affiliation)	:	
Asian or Pacific Islander Black (No	on-Hispanic) 🗆 🛛 Alaskan N	ative 🗆
Hispanic \Box White (Non-Hispanic) \Box	Other 🗆 (Specify)	
What influenced you to apply for employmen Friend/Relative News Media A Ector County's Website State Em Other (Please Specify)	Ad	

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 Risk Management/Insurance Department

 Office:
 (432) 498-4011

 Fax:
 (432) 498-4097

Payroll/Retirement Department Office: (432) 498-4026 Fax: (432) 498-4097



ECTOR COUNTY, TEXAS HUMAN RESOURCES DEPARTMENT

SUPPLEMENTAL INFORMATION FOR VERIFICATION OF DRIVING RECORD (ONLY FOR POSITIONS WHICH REQUIRE A DRIVER'S LICENSE)

Please fill out the information below for Driver's License Record Checks:

Name:			
First	Middle	Last	
Position:	Department:		
Name listed on Driver's License:			
Driver's License #:	State:		
DL Expiration Date:	Class:		

I understand and agree that I will submit to a pre-employment driving record check in accordance with Ector County's policy. I understand and agree that, if I refuse to submit to a driving record check I will not be considered for employment with Ector County.

I authorize the investigation of my driving record for pre-employment purposes. Consequently, I hereby release from liability Ector County and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant

Date

Ector County Sheriff's Office

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the Ector County Sheriff's Office 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 educations 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:		
		gnature:	
	Sworn to and signed bef	ore me, on this the day of	
	in and for	county, in the state of	
	Signature of Notary Pub	lic:	
NOTARY SEAL			
	Printed Name of Notary	Public:	
	My Commission Expires	:	