

**SAN PATRICIO COUNTY
APPLICATION FOR EMPLOYMENT**

AN EQUAL OPPORTUNITY/
AFFIRMATIVE ACTION EMPLOYER

PRINT IN BLACK INK OR TYPE. FILL OUT APPLICATION FORM COMPLETELY. RESUME NOT ACCEPTED.
BE SURE TO SIGN THE APPLICATION WHEN COMPLETED.

PERSONAL INFORMATION

DATE: _____

Name: _____ Social Security # _____
Last First Middle

Present Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Phone Number: (____) _____ Driver's License Number: _____

Type of Position Desired: _____ Salary Expected: _____

Date Available For Work: _____ Referred By: _____

Ever Applied with County Before? _____ If Yes, When? _____ Which Department? _____

List any family members employed by San Patricio County. Name _____ Which Department _____

EDUCATION

Elementary or High School Grade Completed: (Circle) 1 2 3 4 5 6 7 8 9 10 11 12

Did You Graduate or Achieve a GED? _____ Yes _____ No

Type of School	Name/Location	Date Attended		Number of Sem. Hours Completed	Graduated Yes or No	Major Field of Study
		From Mo. Yr.	To Mo. Yr.			
College or University						
Technical or Vocational						

Current Licenses/Certifications/Registrations (List Types and Dates Received) _____

Special Skills/Qualifications: List all special skills you possess and machines or office equipment you can use, such as adding machines, dictation equipment, printing, fax, data processing equipment, etc. _____

Approximate Words per minute in: Typing _____ Dictation _____ Shorthand _____

Languages (List)

Language	Speak			Read			Write		
	Fair	Good	Excellent	Fair	Good	Excellent	Fair	Good	Excellent
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Military Service: (Active Duty) Branch _____ Dates: From _____ To _____

Are you in the Active Reserves? _____ Yes _____ No

EMPLOYMENT RECORD: Please indicate at least the last 10 years of employment. Start with your present or most recent position and work back. Use additional sheets if necessary.

Name: _____		Type of Employment: _____			
Mailing Address: _____		Full Time _____		Part Time _____	
City & State: _____					
Phone Number: _____					
From	To	Starting Salary	Ending Salary	Position Title	Immediate Supervisor
Briefly describe your duties and responsibilities: _____					
Explain the reason for leaving: _____					

Name: _____		Type of Employment: _____			
Mailing Address: _____		Full Time _____		Part Time _____	
City & State: _____					
Phone Number: _____					
From	To	Starting Salary	Ending Salary	Position Title	Immediate Supervisor
Briefly describe your duties and responsibilities: _____					
Explain the reason for leaving: _____					

Name: _____		Type of Employment: _____			
Mailing Address: _____		Full Time _____		Part Time _____	
City & State: _____					
Phone Number: _____					
From	To	Starting Salary	Ending Salary	Position Title	Immediate Supervisor
Briefly describe your duties and responsibilities: _____					
Explain the reason for leaving: _____					

Name: _____		Type of Employment: _____			
Mailing Address: _____		Full Time _____		Part Time _____	
City & State: _____					
Phone Number: _____					
From	To	Starting Salary	Ending Salary	Position Title	Immediate Supervisor
Briefly describe your duties and responsibilities: _____					
Explain the reason for leaving: _____					

EMPLOYMENT RECORD: Continued

Name: _____				Type of Employment: _____	
Mailing Address: _____					
City & State: _____				Full Time _____	Part Time _____
Phone Number: _____					
From	To	Starting Salary	Ending Salary	Position Title	Immediate Supervisor
Briefly describe your duties and responsibilities: _____					
Explain the reason for leaving: _____					

Name: _____				Type of Employment: _____	
Mailing Address: _____					
City & State: _____				Full Time _____	Part Time _____
Phone Number: _____					
From	To	Starting Salary	Ending Salary	Position Title	Immediate Supervisor
Briefly describe your duties and responsibilities: _____					
Explain the reason for leaving: _____					

Name: _____				Type of Employment: _____	
Mailing Address: _____					
City & State: _____				Full Time _____	Part Time _____
Phone Number: _____					
From	To	Starting Salary	Ending Salary	Position Title	Immediate Supervisor
Briefly describe your duties and responsibilities: _____					
Explain the reason for leaving: _____					

I hereby certify that the foregoing statements as well as those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my own free will. I agree that any misstatement(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from employment.

YOU MAY CONTACT

Present Employer: _____ YES _____ NO
 Previous Employers _____ YES _____ NO

 Applicant's Signature

 Date

CONSENT FORM

In accordance with San Patricio County's policies to ensure a drug and alcohol free workplace, I understand that the County has adopted pre-employment and employee testing procedures, as set forth in the Standard Personnel Policies, Section 10. By signing this Consent form, I consent to Pre-Employment Testing and "Reasonable Suspicion" Testing. I understand that all test will be conducted and monitored in accordance with the specific guidelines set forth in the Standard Personnel Policies, Section 10.

Date

Applicant/Employee Signature

Name Printed

Witness

WAIVER AND RELEASE

I, _____, understand that the San Patricio County Personnel Department may contact my previous employers and I authorize those employers to disclose to the San Patricio County Personnel Department all records and information pertinent to my employment with previous employers including but not limited to my personnel file and any related records. I hereby waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the San Patricio County Personnel Department and release them from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

Signature

Date

Print Name

Witness

Date

Print Name