



# EMPLOYMENT APPLICATION



**For Human Resources Use Only. Received application on:**

### 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 and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

**All applications must be received by the Human Resources Office prior to the application deadline.** Please do not write "See Resume." Resumes may be attached as a supplement to this application. Be thorough, since your answers may determine whether or not you will be interviewed or considered for a position. Some positions may require typing skills, which will be designated in the "Required Knowledge Section" of the Job Announcement. Please attach a typing or keyboarding test from the Workforce Center or you may visit our office to be administered a keyboarding test. This test is required to be submitted with the application whether or not you meet the required speed.

### PLEASE PRINT IN INK

NAME (As it appears on Social Security Card/Work Permit Card)		Last		First		Middle	
MAILING ADDRESS							
PHYSICAL ADDRESS							
CITY, STATE, ZIP							
HOME TELEPHONE		SECONDARY NUMBER					
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:		MIN. SALARY REQUIREMENTS:		\$			
CHECK EACH TYPE OF WORK YOU WILL ACCEPT:		<input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> LABOR POOL ("AS NEEDED")		DATE AVAILABLE:			
HAVE YOU EVER BEEN EMPLOYED BY POLK COUNTY? <input type="checkbox"/> NO <input type="checkbox"/> YES WHEN? DEPARTMENT:							
SUPERVISOR:				REASON FOR LEAVING:			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, Give location, date, charge and disposition of case(s) on page 4 (additional info.section).		IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:  DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO D.L.# STATE		CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?  <input type="checkbox"/> YES <input type="checkbox"/> NO			

In the case of applicants for positions with the county which require driving a vehicle, driving records will be checked annually. Every county employee who is required to drive a vehicle or operate a piece of equipment which requires a valid driver's license must maintain a safe driving record and may be required to participate in Defensive Driving courses at the county's request. Unsatisfactory results of a driving record check will be subject to disciplinary action up to and including discharge.

## U.S. MILITARY SERVICE

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

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

DD214 is required (please attach).

## EDUCATION

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				9 10 11 12			
COMMUNITY or JR 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/SKILLS

COMPUTER SKILLS	Name of Software, if applicable	Your Proficiency
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
Other		Multi-line Telephone <input type="checkbox"/> Yes <input type="checkbox"/> No
Typing/WPM _____	Calculator by touch <input type="checkbox"/> Yes <input type="checkbox"/> No	Copier/Fax Machine <input type="checkbox"/> Yes <input type="checkbox"/> No

## LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	LICENSE 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 BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME**

**MAY WE CONTACT YOUR CURRENT EMPLOYER?  YES  NO**

LIST YOUR MOST RECENT EMPLOYER FIRST, INCLUDE 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 \_\_\_\_\_  
 \_\_\_\_\_



## AUTHORIZATION AND AGREEMENT

I certify that the statements and information contained herein are true, complete and correct to the best of my knowledge, and I authorize any former Employer to release to Polk County, or its authorized representative, any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents verifying my identity and eligibility for employment. In addition, I understand that, true copies of all degrees, certificates, or licenses listed on this application must be attached to be considered and before any employment decision can be made. A photocopy of this authorization shall be as valid as the original.

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 are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Human Resources Supervisor.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests which will include a fitness for duty examination and a drug screen. This examination will be conducted by health care providers of the County's selection. I understand that a positive result from the drug screen will eliminate me from consideration from any County job. I understand that I must produce all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

I understand that this application remains current for 180 days. At the conclusion of that time, if I have not heard from Polk County and still wish to be considered for employment, it will be necessary to reapply and fill out a new application when a position is posted. I understand that the County has Personnel Policies which describe additional obligations, terms, and conditions of employment. If selected for employment, I agree to promptly familiarize myself with the terms of such documents and abide thereby. I understand and agree that all benefits, programs, rules and policies of the County are subject to exceptions or change at any time, as decided by the County. Furthermore, the County will have the right to change your location for work, your salary and benefit programs, its personnel policies and any other privilege or condition of employment at any time for any reason, with or without prior notice.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. Polk County operates under the legal doctrine of employment-at-will and, within requirements of state and federal law regarding employment, can dismiss an employee at any time, with or without notice, for any reason or no reason.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME OF APPLICANT \_\_\_\_\_

**FOR LAW ENFORCEMENT APPLICANTS ONLY- THE INFORMATION BELOW IS SUBMITTED FOR BACKGROUND INVESTIGATION PURPOSES ONLY: DO NOT COMPLETE UNLESS SUBMITTING AN APPLICATION FOR A LAW ENFORCEMENT POSITION:**

Date of Birth: \_\_\_\_\_ Texas Drivers License Number: \_\_\_\_\_ PID#: \_\_\_\_\_

The job I am applying for requires a criminal or comprehensive background check, and I hereby (  ) consent/ (  ) do not consent to the criminal and/or comprehensive background check. I understand that failure to consent to such background checks (if required for the job) will result in my application not being considered. (  ) initials. I reiterate, and emphasize that the intent of this information is to provide full and free access to the background and history of my life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Polk County Sheriffs Office to consider in determining my suitability for employment by that office.

**MUST BE SIGNED IN PRESENCE OF NOTARY FOR ALL CORRECTIONS/COMMUNICATION OFFICERS OR SHERIFF DEPUTY APPLICANTS:**

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Notary Seal or Stamp

Send Applications To:



Polk County Human Resources  
602 East Church Street, Ste. 105  
Livingston, Texas 77351  
Phone 936-327-6802  
Fax 936-327-6879

Thank you for your interest in employment opportunities with Polk County.  
Please view current job postings at: [www.co.polk.tx.us](http://www.co.polk.tx.us)

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

**POLK COUNTY 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 POLK COUNTY? (CHECK ONE)

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

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

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

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