

EMPLOYMENT APPLICATION

INSTRUCTIONS: All applications for employment with Burleson County must be made on this form. Consider each question carefully. **YOU MUST ANSWER ALL QUESTIONS.** If a question is not applicable, enter "N/A." Please print legibly. Resumes will be accepted as additional information, but not in place of a completed application.

PERSONAL INFORMATION								
Position desi	ired:	Today's date:						
Date available to begin:		Starting salary desired:						
Last Name:		First Name:		MI:				
Address:		City:	State:	Zip:				
Phone #:	Email:		Social Security #:					
Driver's Lice	ense #:	Class: State:	Expiration Dat	re:				
	□ Can you submit proof of age, if hired? All applicants must be at least 18 years of age □ Have you ever been convicted of a felony? If YES, give details: □ Are you legally eligible to work in the US? (Verification will be required if hired). □ Are you related by blood or marriage to any BURLESON COUNTY employee/official? If YES, give name and relationship							
High School Did you graduate? Yes □ No □ If "No", did you obtain a GED? Yes □ No □ Highest grade completed								
College	Name	Location	Major or Special Courses	Degree Received				
Trade/Tech S	School Name	Location	Major or Special Courses	Degree Received				
LICENSES, CERTIFIC Type of License or Certificate		TES, OTHER SKILLS (attach additional sheets if neconstruction in the state of other authority)		Expiration date				
Skills – list a	all applicable skills you possess and ma	chines or office equipment you o	can operate.					

PREVIOUS EMPLOYMENT

Start with your present or most recent job (including military service). Provide employer information for the last 10 years and any other work history that is relevant. Attach additional sheets or extra copies of this page if necessary.

A current resume can be attached in lieu of completion of this section			Resume attached YES \square NO \square	
Employer name:		Employer phone #:	May we contact this employer YES ☐ NO ☐	
Employer address:		City:	State:	Zip:
Job title:		Supervisor's name & title:		
Dates employed				
From (mm/yyyy) :	To (mm/yyyy) :	Starting salary:	Final salary:	
Describe job duties:				
Reason for leaving:				
Employer name:	Employer phone #:		May we contact this employer YES□ NO□	
Employer address:		City:	State:	Zip:
Job title:		Supervisor's name & title:		
Dates employed				
From (mm/yyyy) :	To (mm/yyyy) :	Starting salary:	Final salary:	
Describe job duties:				
Reason for leaving:				
Employer name:		Employer phone #:	May we contact to	nis employer YES \(\Boxed{\omega}\) NO \(\Boxed{\omega}\)
Employer address:		City:	State:	Zip:
Job title:		Supervisor's name & title:		
Dates employed				
From (mm/yyyy) :	To (mm/yyyy) :	Starting salary:	Final salary:	
Describe job duties:				
Reason for leaving:				
PRE-EMPLOYMENT S	TATEMENT Please read the	following carefully, then sign and date	where indicated.	
the purpose of determining to give any and all informs hereby release such personal understand that misrepredunfavorably or receipt of employment contract and continue the employment relationship cannot be more to give the property of the	ng my fitness for employment. nation regarding my employme ons and any companies they pre- esentation or omission of any f unsatisfactory references will be it is not intended to create contra- t relationship if either chooses a	desire regarding my education, employ also authorize previous employers or not or scholastic record together with an sent from all liability or any damages wast or circumstance called for in this appears sufficient cause for termination with actual obligations of any kind. Neither it its will to end the relationship at any red candidates offered the position designation also also also also also also also also	any other persons to who y information personal or whatsoever in connection plication which would af out liability. This applica the county nor its employ time. All employment is a	m the county may refer to therwise and I with their compliance. fect my application tion is not an ees are bound to at will and the
Applicant's signature:		Date:		