

COMANCHE COUNTY
APPLICATION FOR EMPLOYMENT
EQUAL OPPORTUNITY
EMPLOYER

NOTE TO APPLICANT: A resume will not be accepted in lieu of an application. Failure to complete application will result in non-consideration.

Date of Application: _____ **Job Posting:** _____

PERSONAL

Name: _____
(Last) (First) (Middle)

Physical Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ **Other Contact Number:** _____

In Case of Emergency Notify: _____
(Name) (Address) (Phone) (Relationship)

Are You A Veteran Of The U.S. Armed Forces?

YES NO

If Yes, Branch _____

Rank _____

Dates of Active Duty _____

Are You Related By Blood Or Marriage To Any Current Comanche County Employee?

YES NO

If Yes, Name Of Employee _____

Department _____

Relationship _____

Have You Ever Been Convicted of A Felony? YES NO If Yes, Date: _____

Place _____ Describe: _____

What Languages Do You Speak Fluently? _____

FORMER EMPLOYERS

List all employers for the past 10 years (may continue on attachment). Include your current employer. List at least three employers (may go back past 10 years). List most recent employment first.

Name And Address Of Present Or Last Employer

Dates of Employment:

Position:

From Mo./Yr. To Mo./Yr.

Supervisor Name:

Supervisor Title:

May We Contact Your Employer?

YES

NO

Contact Name:

Contact Phone:

Ending Salary \$ _____ PER _____

Position Description/Duties:

Reason For Leaving:

Name And Address Of Present Or Last Employer

Dates of Employment:

Position:

From Mo./Yr. To Mo./Yr.

Supervisor Name:

Supervisor Title:

May We Contact Your Employer?

YES

NO

Contact Name:

Contact Phone:

Ending Salary \$ _____ PER _____

Position Description/Duties:

Reason For Leaving:

Name And Address Of Present Or Last Employer

Dates of Employment :

Position:

From Mo./Yr. To Mo./Yr.

Supervisor Name:

Supervisor Title:

May We Contact Your Employer?

YES

NO

Contact Name:

Contact Phone:

Ending Salary \$ _____ PER _____

Position Description/Duties:

Reason For Leaving:

FORMER EMPLOYERS

List all employers for the past 10 years (may continue on attachment). Include your current employer. List at least three employers (may go back past 10 years). List most recent employment first.

Name And Address Of Present Or Last Employer

Dates of Employment:

Position:

From Mo./Yr. To Mo./Yr.

Supervisor Name:

Supervisor Title:

May We Contact Your Employer?

YES

NO

Contact Name:

Contact Phone:

Ending Salary \$ _____ PER _____

Position Description/Duties:

Reason For Leaving:

Name And Address Of Present Or Last Employer

Dates of Employment:

Position:

From Mo./Yr. To Mo./Yr.

Supervisor Name:

Supervisor Title:

May We Contact Your Employer?

YES

NO

Contact Name:

Contact Phone:

Ending Salary \$ _____ PER _____

Position Description/Duties:

Reason For Leaving:

Name And Address Of Present Or Last Employer

Dates of Employment:

Position:

From Mo./Yr. To Mo./Yr.

Supervisor Name:

Supervisor Title:

May We Contact Your Employer?

YES

NO

Contact Name:

Contact Phone:

Ending Salary \$ _____ PER _____

Position Description/Duties:

Reason For Leaving:

EMPLOYMENT DESIRED

Date You Can Start: _____ Salary Desired: _____

Job Title of Position(s) Desired: _____

Type of Position Desired: Regular Full-Time Temporary Full-Time
 Regular Part-Time Temporary Part-Time

Are you capable of working any day of the week and any shift or hours assigned?

YES NO

EDUCATION AND TRAINING RECORD

Schools Attended	School Name, City, State	Did you Graduate	Type of Degree	Major
High School Last Attended				
College, University Technical School				
College, University Technical School				

List Academic Honors, Scholarships, Etc. That You Feel Are Significant And Relevant To Employment:

List All Professional Licenses/Certifications:

Type: _____ State: _____ Date Expires: _____ Number: _____

Type: _____ State: _____ Date Expires: _____ Number: _____

List All Subjects of Special Study Or Training That You Feel Are Significant and Relevant to Employment: _____

PERSONAL REFERENCES

List three persons other than relatives that have knowledge of your work experience or education

Name	Address	Phone	Years Acquainted

APPLICANT'S STATEMENT

I certify that all information included in this application packet is true and correct to the best of my knowledge. I authorized Comanche County to investigate all information contained in this packet to the extent it deems necessary in arriving to an employment decision. This application will be considered for a period not to exceed 90 days. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship is of an "AT WILL" nature, which means that the employee may resign at any time and the employer may discharge the employer at any time with or without cause. It is further understood that this "AT WILL" employment relationship may not be changed by any written document including personnel or employee handbook, or by any verbal agreement. I understand that false or misleading information given in my application package or interview may result in my removal from consideration from employment or if after employment it may result in discipline or discharge. I also understand that I am required to abide by all rules and regulations of the employer in the event of employment. I understand that no person shall be denied employment with Comanche County on the basis of any legally prohibited discrimination involving, but not limited to, race, color, creed, religion, gender, national origin, age, disability, marital status, veteran status, sexual orientation or any other legally protected status.

SIGNATURE: _____ DATE: _____