

# APPLICATION FOR EMPLOYMENT

Please Print All Information

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Shifts willing to work:     First Shift                       Second Shift                       Third Shift

Salary or Hourly Rate expected: \_\_\_\_\_ week    hour    (circle one)

Have you ever been employed by us before?                       Yes     No

Are you currently employed?                       Yes     No

May we contact your present employer?                       Yes     No

Are you 18 Years or older?                       Yes     No

Are you prevented from lawfully becoming employed in this country due to Visa or Immigration status?                       Yes     No

*(Proof of citizenship or immigration status is required upon employment.)*

You are available to work: \_\_\_\_\_     Full Time     Part Time     Temporary

Date you can begin work: \_\_\_\_\_

Have you been convicted of a crime within the last five (5) years?

*(Other than a traffic violation.) (Conviction will not necessarily disqualify an applicant from employment)*                       Yes     No

If yes, please explain: \_\_\_\_\_

## EDUCATION

School Address	Credits Earned	Major	Diploma/Degree
High School:			
College/Technical			

**List below all present and past employment, beginning with your most recent. All times must be accounted for whether employed or not. Attach an additional sheet if necessary.**

Name and Address of Company and Type of Business	From	To	Describe in detail work you did	Salary or Hourly Rate	Reason for Leaving	Name, Title and Phone Number of Your Supervisor

Please Print All Information

## PERSONAL REFERENCES:

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

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Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

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Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

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## APPLICANT'S STATEMENT AND CONDITIONS OF EMPLOYMENT

**(Please read carefully before signing.)**

*I certify that the answers given by me in this employment application are true, correct and complete. I agree that Taylor County Fiscal Court shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application.*

*In the event of employment, I will comply with all rules and regulations as established from time to time including Taylor County Fiscal Courts substance abuse policy. I am willing to work all assigned overtime or other special work assignments as requested. I understand that I have the right to terminate my employment at any time and likewise, Taylor County Fiscal Court has the same right.*

*I hereby understand and acknowledge that any employment relationship with Taylor County Fiscal Court is of an "At-Will" nature, which means that Employee may resign at any time and the Employer may discharge Employee at any time, with or without notice, and with or without cause. It is further understood that this "At-Will" employment relationship may not be changed by any written document or by verbal agreement unless an authorized Executive of Taylor County Fiscal Court specifically acknowledges such change in writing. I also understand that Taylor County Fiscal Court has the right to amend, modify, add, or delete any or all policies or procedures at its sole and absolute discretion.*

*During my employment with Taylor County Fiscal Court and after my employment ends, I agree not to disclose any confidential or proprietary information regarding operating and trade secrets. I further agree that with respect to any civil litigation involving Taylor County Fiscal Court, in which I am a potential witness and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying Taylor County Fiscal Court or unless a representative or attorney of Taylor County Fiscal Court is present. A copy of this form may be used as the original. The use of results from this form and/or tests will be used for prudent employment decisions.*

***This application is valid for six months from the application date unless renewed in person or in writing.***

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# EMPLOYMENT POLICIES AND RELEASE FORM

There are a number of Taylor County Fiscal Court policies that an applicant needs to know about and agree to before being employed. There also are a number of activities that Taylor County Fiscal Court may want to investigate as part of the review on an applicant. The purpose of this document is to present these policies and investigative activities to the applicant to ensure that they are understood and agreed to at the time the application is submitted.

***We, therefore, ask that you please read, complete, and sign this form before you complete the Application for Employment.***

## **Policies**

Among the policies that have been adopted at Taylor County Fiscal Court are the following that we believe are important for an applicant to know in advance of employment. These are listed below. Your signature on this Release Form indicates that you have read, understand, and would agree to operate under these policies if employed at Taylor County Fiscal Court.

This firm is an equal employment opportunity employer and does not discriminate because of age, sex, race, color, national origin, disability, or religious preference.

Taylor County Fiscal Court is a drug and alcohol free-workplace.

To ensure worker safety and integrity of the workplace, Taylor County Fiscal Court prohibits the illegal manufacture, possession, distribution or use of controlled substances or alcohol in the workplace by its employees or those who engage or seek to engage in business with Taylor County Fiscal Court. Offers of employment, therefore, may be conditioned on a physical examination, including a drug and alcohol screening.

## **Background Review Activities**

Taylor County Fiscal Court may conduct the following investigative activities as part of the background review of prospective employees. Your signature on this Release Form indicates you understand these activities and you authorize them to be performed with the conditions specified as listed below.

1. Persons convicted of specific crimes may not hold certain positions at this company. If you are applying for such a position and have been convicted of a felony, please note this below. If more space is needed, please provide the additional information on a separate sheet of paper. In addition, you authorize Taylor County Fiscal Court to undertake a criminal records check with state police officials.
2. You authorize Taylor County Fiscal Court to obtain a Motor Vehicle Record report. If the position you are applying for involves driving a motor vehicle, it is imperative that a good driving record exists.

In closing, we ask that you read [and complete where needed] the remaining two [2] statements and that your signature on this Release Form indicates you understand each.

3. I understand that misrepresentation or omission of facts herein is cause for termination, if employed.
4. I have read and understand the attached application and have answered all portions of the application truthfully and correctly with no omissions.

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Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_