



Caldwell County Emergency Services District No. 5

APPLICATION FOR EMPLOYMENT

214 BUFKIN LANE, LOCKHART, TEXAS, 78644

IMPORTANT: Please complete all questions fully and accurately. If an item doesn't apply to you, please put "N/A". False or missing information is cause for rejection or dismissal of application. Comments such as, "See Resume," are unacceptable. A resume may be attached but will not substitute for an application. Please print in ink or type and note that neatness is important.

Federal and State Laws prohibit discrimination in employment because of sex, race, color, religious creed, marital status, national origin, disability or handicap.

FOR OFFICE USE ONLY

DATE RECEIVED:	TIME RECEIVED:	RECEIVED BY:
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PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)				SOCIAL SECURITY NUMBER	
PRESENT ADDRESS		APT. NO.	CITY	STATE	ZIP
HOME PHONE	ALTERNATE PHONE		E-MAIL ADDRESS		
DRIVER'S LICENSE #		CLASS: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	ARE YOU EIGHTEEN (18) YEARS OR OLDER?		
STATE <input type="checkbox"/> EXEMPT		<input type="checkbox"/> YES <input type="checkbox"/> NO			
BEST METHOD AND TIME TO CONTACT YOU?			IF NOT A U.S. CITIZEN, DO YOU HAVE THE LEGAL RIGHT TO REMAIN PERMANENTLY AND WORK IN THE U.S.? YES NO		
			Alien Registration#		

POSITION DESIRED

POSITION TITLE	SALARY DESIRED	DATE YOU CAN START
ARE YOU EMPLOYEED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU SEEKING <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	HOURS COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL/GED				
COLLEGE				
OTHER:				

SPECIAL QUALIFICATIONS

LIST ANY SPECIAL LICENSES OR CERTIFICATIONS YOU HOLD. ATTACH ANY COPIES.

DATE OF ISSUE	TYPE	AUTHORITY	EXPIRATION

SPECIAL QUALIFICATIONS AND SKILLS CONT.

LIST ANY SPECIAL MACHINERY OR EQUIPMENT THAT YOU CAN OPERATE.

LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS.

MILITARY HISTORY (Must attach a copy of your DD-214)

MILITARY STATUS: ☐ CURRENTLY ACTIVE DUTY ☐ HAVE BEEN DISCHARGED ☐ NO PRIOR MILITARY HISTORY

WHAT BRANCH _____ SERVED FROM _____ TO _____

WHAT IS YOUR RESERVE STATUS?

DRIVING HISTORY

List all traffic citations you have received in the last three (3) years (in this or any other state/country) excluding parking tickets. Include all moving violations, seat belt, no insurance, inspection/registration, etc., and list the disposition of each, such as dismissed, paid fine, defensive driving, etc.

MONTH/YEAR	CHARGE	CITY/STATE	POLICE AGENCY	DISPOSITION

If you have been convicted of driving while intoxicated or under the influence, please explain:

Has your DL ever been suspended or revoked for any reason (in this or any other state/country?) ☐ YES ☐ NO

If yes give date, location and reason:

Name of Automobile Insurance Co.

CRIMINAL HISTORY

Have you been convicted of any offense against the law other than for a traffic violation? ☐ YES ☐ NO

If yes, please explain.

Is there anything that we have not asked that you would like to tell us about your history?

EMPLOYMENT HISTORY

Below, list current and previous employers for at least the last ten (10) years, starting with the most recent first.
Attach additional sheet if needed. Please complete all items – **“SEE RESUME” IS NOT ACCEPTABLE.**

EMPLOYER		ADDRESS	
JOB TITLE	SUPERVISOR	PHONE NUMBER	
DATES EMPLOYED: (MONTH/YEAR) BEGIN: / END: /	SALARY BEGIN: END:	FULL TIME _____ PART TIME _____	
REASON FOR CHANGE OR LEAVING			
JOB DUTIES- BE SPECIFIC			
MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		ADDRESS	
JOB TITLE	SUPERVISOR	PHONE NUMBER	
DATES EMPLOYED: (MONTH/YEAR) BEGIN: / END: /	SALARY BEGIN: END:	FULL TIME _____ PART TIME _____	
REASON FOR CHANGE OR LEAVING			
JOB DUTIES- BE SPECIFIC			
MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO			

REFERENCES

LIST THREE (3) PERSONAL REFERENCES OTHER THAN RELATIVES OR EMPLOYERS LISTED ABOVE:

NAME	ADDRESS (INCLUDE CITY AND STATE)	PHONE NUMBER

Applicant Statement

1. I understand and agree that if employed, my employment relationship with the Caldwell County ESD No. 5 is on an at-will basis and can be terminated by me or the Caldwell County ESD No. 5 at any time, with or without cause or reason and without notice. I understand that this is an employment application. It is not a job offer or a labor contract for employment, implied or actual.
2. In the event of my employment, I understand that false and/or misleading information given in the employment information form (application) or interview(s) may result in the cancellation of my application and/or immediate discharge if I am already employed at the time of discovery. I also understand that I am required to abide by all the rules and regulations of Caldwell County ESD No. 5, which are subject to change at the discretion of Caldwell County ESD No. 5.
3. I authorize the investigation of all statements contained in this application for employment as may be necessary for achieving an employment decision. I certify that all answers and information given herein are true and complete to the best of my knowledge. I authorize Caldwell County ESD No. 5 to contact any and/or all my references for full information.
4. I understand that as a condition of my employment, I will be required to take a drug/alcohol test in compliance with the drug/alcohol policy of Caldwell County ESD No. 5 and may be required to take a medical examination if required by federal, state or local law.
5. I also understand that any employment by Caldwell County ESD No. 5 will be on a six (6) month trial basis, and that completion of the trial basis period does not change the at-will status of my employment and in no way renders my employment permanent or guaranteed.
6. If employed by Caldwell County ESD No. 5, I agree to abide by its rules and regulations. I understand that the penalty for violation of the rules and regulations may include disciplinary action up to and including termination of my employment.

Applicant's Signature

Date

RELEASE OF PERSONAL INFORMATION WAIVER

My name is _____. I am in the process of applying for a position with Caldwell County ESD No. 5. In this process, I fully understand that my past employment records must be reviewed for a full and complete background investigation to be obtained. I also understand that in addition to employment references, personal references will also be checked. These records include, but are not limited to, police departments, sheriff's offices or other law enforcement authorities, person, businesses, institutions, schools, colleges, universities, business schools or United States Military Services.

I fully and voluntarily give my permission that all past, present, or other information contained in any file be it personal, professional, or otherwise be released to Caldwell County ESD No. 5 for the use of determining my suitability for employment with Caldwell County ESD No. 5.

I also fully understand that any information received by or released to Caldwell County ESD No. 5 will not be released to me.

I further authorize that any information contained in past, present, or other personnel files be delivered by telephone, fax, email, United States Postal Service, or in person. A photocopy of this form will be as valid as an original thereof, even though said photocopy does not contain an original writing of my signature. I authorize any personal information contained in any file, civil or criminal, to be transmitted by fax, email, telephone or other conveyance.

Signature

Address/City/State/Zip

Phone Number

Social Security Number

Date of Birth

Driver's License Number and State