



## JEFF DAVIS COUNTY Application for Employment

ALL INFORMATION IS REQUIRED. A CURRENT RESUME MUST BE ATTACHED.  
**PERSONAL INFORMATION**

NAME (Last, First, Middle) \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ DRIVER'S LICENSE NUMBER \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

### **EMPLOYMENT DESIRED**

POSITION SOUGHT \_\_\_\_\_ EXPECTED SALARY \_\_\_\_\_

DATE YOU CAN START WORK \_\_\_\_\_ Are you currently employed? YES \_\_\_\_\_ NO \_\_\_\_\_

If currently employed, provide name of employer and position you currently hold.  
May we contact your current employer? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever applied for employment here before? YES \_\_\_\_\_ NO \_\_\_\_\_ When? \_\_\_\_\_

### **EDUCATION**

NAME AND LOCATION OF HIGH SCHOOL \_\_\_\_\_ GRADUATED? \_\_\_\_\_

NAME AND LOCATION OF COLLEGE OR UNIVERSITY \_\_\_\_\_ GRADUATED? \_\_\_\_\_

If a college graduate, list degree(s) awarded and major(s). \_\_\_\_\_

NAME AND LOCATION OF TRADE OR BUSINESS SCHOOL \_\_\_\_\_ GRADUATED? \_\_\_\_\_

List any special certificates, licenses, etc. you currently hold. \_\_\_\_\_

### **GENERAL INFORMATION**

Please use this space to tell us about any special training or job skill you have:

Are you a veteran of the Armed Forces? \_\_\_\_\_ Honorable Discharge? \_\_\_\_\_

BRANCH OF SERVICE \_\_\_\_\_ HOW LONG SERVED \_\_\_\_\_ HIGHEST RANK \_\_\_\_\_

### **OTHER INFORMATION**

Have you ever been finally convicted of a felony, any grade of theft  
or a crime involving moral turpitude? \_\_\_\_\_

## EMPLOYMENT HISTORY

Please give us information on your last four employers starting with the most recent.

FROM \_\_\_\_\_  
UNTIL \_\_\_\_\_

NAME AND ADDRESS OF EMPLOYER \_\_\_\_\_

POSITION HELD \_\_\_\_\_ SALARY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
FROM \_\_\_\_\_  
UNTIL \_\_\_\_\_

NAME AND ADDRESS OF EMPLOYER \_\_\_\_\_

POSITION HELD \_\_\_\_\_ SALARY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
FROM \_\_\_\_\_  
UNTIL \_\_\_\_\_

NAME AND ADDRESS OF EMPLOYER \_\_\_\_\_

POSITION HELD \_\_\_\_\_ SALARY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
FROM \_\_\_\_\_  
UNTIL \_\_\_\_\_

NAME AND ADDRESS OF EMPLOYER \_\_\_\_\_

POSITION HELD \_\_\_\_\_ SALARY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

## REFERENCES

Provide the following information for three persons you have known for at least one year.

NAME	BUSINESS	CONTACT NUMBER	Years known
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## AUTHORIZATION

By signing this application, I hereby certify that the information contained herein and in the attached resume is true, correct and complete to the best of my knowledge and belief. I understand that any false or misleading statements are grounds for denying or terminating my employment. I authorize investigation of all statements contained herein and the references and employers listed herein may give you any and all pertinent information they may have, personal or otherwise. I hereby release JEFF DAVIS COUNTY and any former employers or references from any and all liability related to the release of or use of such information. I also understand and agree that no representative of JEFF DAVIS COUNTY has the authority to enter into any contract or agreement for employment for any specified period of time, or to make any agreement or contract which is binding on JEFF DAVIS COUNTY, unless it is in writing and signed by a county official authorized by law. This waiver does not permit the release or use of disability- (ADA) or any other relevant Federal or State law.

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

DATE \_\_\_\_\_