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APPLICATION FOR EMPLOYMENT

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PLEASE READ THESE INSTRUCTIONS PRIOR TO COMPLETING THIS APPLICATION

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1. Thank you for your interest in employment opportunities with Austin County. Applications are accepted for posted positions only. You are welcome to apply for more than one position; however, **YOU MUST COMPLETE A SEPARATE APPLICATION FOR EACH POSITION YOU WISH TO APPLY FOR.** Applications are valid for the duration of each announcement.
2. Please complete this application in type or neat, legible print (using black or blue ink). A resume and /or other documents will not be accepted in lieu of a completed application; however, you may submit additional documents with the application.
3. The information you provide on this application should clearly reflect your suitability to the position you are applying for. Your employment record, position-related educational requirements, skills, knowledge, abilities, qualifications, and experience will be evaluated based upon the information you provide in this application. Your application will be reviewed by the hiring department only if the minimum requirements as described in the job advertisement are met. If you are selected for an interview, you will be contacted by the hiring department.
4. In order for your application to be considered complete, you must answer all questions in this application. **AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.** Any information that you provide in this application, accompanying documents, and/or give verbally to Austin County is subject to verification. Falsification, misrepresentation, or omissions of fact may be grounds for rejection of your application, or subsequent termination of employment if hired. A comprehensive pre-employment reference check, criminal history check and driving record check will be conducted on all applicants applying for positions in Maintenance, Law Enforcement, EMS and R&B as permitted by law and after a conditional offer of employment has been extended. **Comments such as “See Resume” are not acceptable and may result in the application being considered incomplete.**
5. If we are unable to consider your application, you will receive no further notice. We regret that we are unable to provide a more personal response to your application.
6. Austin County promotes a drug-free work environment and requires all applicants who receive a conditional offer of employment to successfully complete a drug and alcohol test and a physical examination.
7. This application and any accompanying document(s) submitted for consideration of employment become property of Austin County and will not be returned to the applicant.
8. This application becomes public record and is subject to disclosure in accordance with the Texas Government Code Ann. § 552-Public Information Act.

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**Austin County is an EQUAL OPPORTUNITY employer  
Promoting DIVERSITY and a DRUG-FREE work environment**

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(3) Previous Employer		Phone No.
Address	Date started	Date Left
Supervisor	Your title	Salary
Description of Work		
Reason for Leaving/Wanting to Leave		
(4) Previous Employer		Phone No.
Address	Date started	Date Left
Supervisor	Your Title	Salary
Description of Work		
Reason for Leaving/Wanting to Leave		

Please explain all periods of unemployment exceeding 90 days: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION:**

Did you graduate from high school? Yes No if no, last grade completed \_\_\_\_\_ GED Obtained? Yes No

College-University-Trade Business-Correspondence School Name Location	No. Of Years	Major Area Of Study	Semester Hours	Degrees Granted

(Applicants may be required to provide copies of transcripts and/or diplomas/certificates)

**Military Service of the United States:**

Branch of Service \_\_\_\_\_ List any relevant job-related skills during military service (you may be required to provide a copy of form DD214). \_\_\_\_\_

**Personal Data:**

Please list any other names you have used in connection with employment or education \_\_\_\_\_

\_\_\_\_\_

Have you previously worked for Austin County? Yes No If so, when? \_\_\_\_\_  
 Department \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Are you authorized to work in this country? Yes No (Proof of citizenship or immigration status will be required upon employment)

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation?  Yes  No

Are you currently under indictment for any crime?  Yes  No If yes, state nature of indictment, date, and location of case(s). \_\_\_\_\_

Have you ever: been convicted, pled guilty, pled no contest, or received deferred adjudication or probation for and criminal act?\*

Yes  No \*A criminal conviction is not necessarily a bar to employment. False statements or omissions of information, whether intentional or unintentional, will be grounds for immediate elimination from further consideration (or dismissal from employment with Austin County if hired.)

If yes, list ALL such offenses and state date, name of Court and disposition. (You may omit minor traffic violations for which you paid a fine of \$100 or less)

\_\_\_\_\_  
\_\_\_\_\_

List all counties and states you have resided in within the past 10 years.

\_\_\_\_\_

**Do you have a current driver's license?**  Yes  No

Do you have a commercial driver's license?  Yes  No

**Has your driver's license ever been suspended or revoked:**  Yes  No

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

List all licenses/certifications/registrations you hold (such as Drivers, electrician, etc.)

Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Are you related by blood or marriage to any Austin County employee/official?  Yes  No

Name Where Employed Relationship

**Give the names and addresses of three persons, other than relatives, who have knowledge of your character, experience or ability:**

Name	Address	Occupation	Telephone Number

List any additional experience and training you have had which in your opinion would qualify you for the position you seek:

(Example: apprenticeships, technical skills, foreign languages spoken/written, etc) \_\_\_\_\_

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## **IMPORTANT**

**It is the responsibility of the applicant to read the following before signing:**

I certify that the answers given herein are true and complete. I understand that any falsification or willful omission made in my application, resume or interview(s) shall be sufficient cause for refusal of employment or dismissal whenever discovered. I understand that the information provided in my application, resume and interviews may be investigated, and I hereby authorize each former employer, whether given as a reference or not, to answer any questions and furnish any information sought by the County concerning any qualifications for employment. Depending on the department and position applied for, I understand that such investigation may include a full criminal history and FBI records check. I hereby release the County and all third parties supplying information to the County from all liability, including liability caused by negligence, arising from reference and background checks conducted by or on behalf of the employer about me. I also understand that this application is subject to the Open Records Act and may be released as a public document.

I understand that my employment is at the discretion of the Commissioners' Court or Elected Official/ Department Head concerned, and that Austin County is an employment-at-will employer, which means that I may resign at any time and the County may terminate my employment at any time for any or no reason.

I understand that my employment is contingent upon successful completion of a post-conditional employment offer fitness for duty examination and drug screen. Health care providers of the County's selection will conduct this examination. I certify that I will fully and truthfully answer any questions asked by the health care providers or staff. I understand that a positive result from the drug screen will eliminate me from consideration from any County job. While employed, if my department head requests, I will submit to additional physical examinations and drug screen by health care providers of the County's selection for the purpose of determining my fitness for continued employment. If injured during the course of employment, I will promptly report such injury to my supervisor or elected official/department head. If medical treatment is necessary or requested, I will submit to treatment or examination by health care providers of my selection.

I understand that some departments of the County have an Employee Policies Manual, which describes additional obligations, terms and conditions of employment. I agree to promptly familiarize myself with the terms of such documents and abide thereby, if applicable. I understand and agree that all benefits, programs, rules and policies of the County are subject to exceptions or change at any time, as decided by the County.

I certify that I have carefully read each provision of this application for employment and that I have been given an opportunity to ask questions concerning any provision which I do not fully understand.

**This application must be signed.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please indicate your experience/skills/abilities in the following areas:

<b>Typing Speed:</b>	<b>Skills:</b>	<b>Clerical Experience:</b>	<b>No. Of Years</b>
<input type="checkbox"/> Below 40 wpm	<input type="checkbox"/> 10-Key by touch	<input type="checkbox"/> Receptionist	_____
<input type="checkbox"/> 40-49 wpm	<input type="checkbox"/> Excel	<input type="checkbox"/> Data Entry	_____
<input type="checkbox"/> 50-59 wpm	<input type="checkbox"/> Word	<input type="checkbox"/> Bookkeeping	_____
<input type="checkbox"/> 60-69 wpm	<input type="checkbox"/> Word Perfect	<input type="checkbox"/> Filing	_____
<input type="checkbox"/> Above 70 wpm	<input type="checkbox"/> Power Point	<input type="checkbox"/> Purchasing	_____
	<input type="checkbox"/> Other word processing _____	<input type="checkbox"/> Secretarial	_____
	<input type="checkbox"/> Other Software _____	<input type="checkbox"/> Records Management	_____
	<input type="checkbox"/> Quattro Pro	<input type="checkbox"/> Cashier	_____
	<input type="checkbox"/> AS/400 Mainframe	<input type="checkbox"/> Other _____	_____
	<input type="checkbox"/> Shorthand – speed _____		_____
	<input type="checkbox"/> Court Reporting		_____
	<input type="checkbox"/> Other: _____		_____
	_____		_____

**LABOR/MAINTENANCE/SKILLED CRAFT/EQUIPMENT OPERATION**

Please indicate your experience/skills/abilities in the following areas:

<b>Skill Areas</b>	<b>No. Of Years Exp.</b>	<b>Equipment Operated</b>	<b>No. Of Years Exp.</b>
<input type="checkbox"/> Concrete finishing	_____	<input type="checkbox"/> Water Truck	_____
<input type="checkbox"/> Welding	_____	<input type="checkbox"/> Chip Spreader	_____
<input type="checkbox"/> Asphalt work	_____	<input type="checkbox"/> Backhoe	_____
<input type="checkbox"/> Surveying	_____	<input type="checkbox"/> Front End Loader	_____
<input type="checkbox"/> Setting grades	_____	<input type="checkbox"/> Bulldozer	_____
<input type="checkbox"/> Flagging	_____	<input type="checkbox"/> Track hoe	_____
<input type="checkbox"/> Plumbing	_____	<input type="checkbox"/> Tractor Trailer	_____
<input type="checkbox"/> Painting	_____	<input type="checkbox"/> Tractor with mower	_____
<input type="checkbox"/> Carpentry	_____	<input type="checkbox"/> Hydraulic excavator	_____
<input type="checkbox"/> Electrical	_____	<input type="checkbox"/> Motor grader	_____
<input type="checkbox"/> HVAC	_____	<input type="checkbox"/> Dump truck	_____
<input type="checkbox"/> Auto mechanic	_____	<input type="checkbox"/> Winch truck	_____
<input type="checkbox"/> Heavy equip. Mechanic	_____	<input type="checkbox"/> Roller-packer	_____
<input type="checkbox"/> Sign maintenance	_____	<input type="checkbox"/> Pneumatic roller	_____
<input type="checkbox"/> Grounds keeping/landscaping	_____	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Road maintenance/construction	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____

Austin County is an Equal Opportunity Employer. We request that you provide the following information, which is used to study recruitment and employment patterns and to provide statistical data to federal compliance agencies. This information will be kept separate from your application and kept confidential and will in no way be used in consideration of your application for employment. **Completion of this portion of the form is voluntary.** Failure to provide this information will not jeopardize your opportunity for employment with Austin County.

Check the most appropriate blank:

- |                                 |                                   |  |
|---------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Male   | <input type="checkbox"/> White    | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Female | <input type="checkbox"/> Black    | <input type="checkbox"/> Asian           |
|                                 | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other           |

If "Other", please specify: \_\_\_\_\_

What led you to apply with the County?

- |  |  |
|--|--|
| <input type="checkbox"/> Stopped in to check on available jobs | <input type="checkbox"/> Workforce Solutions   |
| <input type="checkbox"/> Referred by a County employee         | <input type="checkbox"/> Local Newspaper       |
| <input type="checkbox"/> Other (please list) _____             | <input type="checkbox"/> Austin County Website |

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**DO NOT WRITE BELOW THIS LINE**  
**Department use only**

Interviewed By (*print name*): \_\_\_\_\_

Interview Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments:

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➤ Conditional Offer of Employment was made? \_\_\_\_ Yes \_\_\_\_ No

If Yes, fax 979-865-3783 Human Resource Department a copy of the *Application for Employment* form.

➤ Did you schedule an appointment with physician for pre-employment physical and drug screen?

\_\_\_\_ Yes \_\_\_\_ No

If Yes, fax 979-865-3783 Human Resource Department a copy of the *Authorization Form* (complete with applicant information, test date and test time, and authorization signature)

➤ Did you give the applicant the following forms to take to physician on test date (*make a copy for your records*)?

• Authorization Form \_\_\_\_ Yes \_\_\_\_ No

• Job Description with Physical Requirements and Work Environment Form \_\_\_\_ Yes \_\_\_\_ No

➤ Did you notify applicant to visit Human Resource Department after testing and hand in forms from you and those received from the physician? \_\_\_\_ Yes \_\_\_\_ No

➤ Did you notify Human Resource Department to anticipate a visit from applicant? \_\_\_\_ Yes \_\_\_\_ No

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**DO NOT WRITE BELOW THIS LINE**  
**Human Resource Department use only**

*Test Results*

➤ Application for Employment form received \_\_\_\_ Yes \_\_\_\_ No

➤ Authorization form received \_\_\_\_ Yes \_\_\_\_ No

➤ Physical Examination form and results received \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Passed \_\_\_\_ Failed

➤ Alcohol Testing form and results received \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Negative \_\_\_\_ Positive

➤ Urine Collection Testing form and results received \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Negative \_\_\_\_ Positive

➤ Did you contact Department with test results \_\_\_\_ Yes \_\_\_\_ No

➤ New Hire Orientation to be held Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m.

➤ Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \$\_\_\_\_\_ (annual, hourly, bi-weekly)