

**APPLICATION FOR EMPLOYMENT  
HILL COUNTY, TEXAS**

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Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-related medical condition or handicap.

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*PLEASE TYPE OR PRINT*

Date of application \_\_\_\_\_

Position applied for: \_\_\_\_\_

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

Address \_\_\_\_\_  
PO Box or Number and Street City State Zip Code

Telephone \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Are you employed \_\_\_\_ Yes \_\_\_\_ No May we contact your present employer? \_\_\_\_\_

Are you prevented from lawfully becoming employed?  
In this country because of Visa or Immigration Status?  
(Proof of citizenship or immigration status will be required if employed.) \_\_\_\_\_ Yes \_\_\_\_ No

On what date would you be available to work? \_\_\_\_\_

Are you available to work: \_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ Shift Work \_\_\_\_ Temp

Are you currently on "lay-off" status and subject to recall? \_\_\_\_ Yes \_\_\_\_ No

Have you been convicted of a felony? \_\_\_\_ No \_\_\_\_ Yes  
(Conviction will not necessarily disqualify applicant from employment.)

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

Veteran of U.S. Military Service? \_\_\_\_ Yes \_\_\_\_ No If Yes, Branch: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex, age, national origin, or handicap.):

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

Give name, address and telephone number of three references that are not related to you and are not previous employers.

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

**Education**

	Elementary	High School	College/ University	Graduate/ Professional
School Name				
Years completed				
(Circle one)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

Diploma/Degree: \_\_\_\_\_

Describe Course of Study: \_\_\_\_\_

Describe specialized training, skills, and extracurricular activities:

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Honors received: \_\_\_\_\_

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Please state any additional information you feel may be helpful to us in considering your application

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**EMPLOYMENT EXPERIENCE**

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Start with your present or last job. Include military service assignment and volunteer activities.

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Employer:	Telephone (AC) Number	Time Employed From	To	Work performed/Wages
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Reason for Leaving

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Employer:	Telephone (AC) Number	Time Employed From	To	Work performed/Wages
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Reason for Leaving

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**(If you need additional space, please continue on a separate sheet.)**

Summarize your special skills and qualifications acquired from employment or other experience.

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**PLEASE READ CAREFULLY**

The following policy statements apply to an applicant IF HIRED.

1. Overtime, shift work, or a rotating work schedule other than Monday through Friday may be required. Overtime must be approved prior to being worked by the department head. Compensatory time-and-a-half will be given in lieu of overtime pay.
2. Employment with Hill County is for no definite period of time. Hill County may change wages, benefits and conditions at any time.
3. Hill County may terminate employment at any time without liability for wages or salary except such as may have been earned at the date of termination. If requested by the management at any time, employee must submit to a search of person, desk, locker, etc., assigned to him/her, and must waive all claims for damages on account of such examination.
4. This application for employment is not, and is not intended to be a contract of employment and no employment contract is being offered.

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**APPLICANT'S CERTIFICATION AND AGREEMENT**

I have read, understand, and agree to the above statements, if hired.

I certify that answers given herein are true and correct to the best of my knowledge and understand that any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal to hire, or, if hired, termination from employment. I authorize investigation of all statements contained in this application and other included documents as may be necessary in arriving at an employment decision. I hereby release from liability any person (s) / organization (s) giving such information.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_