

# OCHILTREE COUNTY, TEXAS

511 S. Main St.

Perryton, TX 79070

(806) 435-8046

## APPLICATION FOR EMPLOYMENT

(Answer all questions – please type or print in black ink)

### PERSONAL

Last	First	Middle	Position Applying For			Date of Application
NAME						
Are you licensed to drive a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If YES, in what state? <span style="margin-left: 100px;">Driver's License Number:</span>						
Are you now awaiting trial or have you ever served a probationary period or been convicted of any felony? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If YES, give date(s) and explain.						
Do you have a relative employed by Ochiltree County? <input type="checkbox"/> Yes <input type="checkbox"/> No					Who referred you to Ochiltree County?	
If YES, who?						
Is spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If YES, whom?						
In case of emergency, notify:						
Name		Relationship		Address		Telephone No.
Number		Street	City	State	Zip Code	Home Phone #
Present Address:						
Number		Street	City	State	Zip Code	Work / Cell Phone #
Permanent Address:						
Social Security #			U.S. Citizen? If NO, list type of visa and Visa #			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
What type of employment are you seeking?					Have you applied here before? If YES, for what position?	
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Reserve <input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No	

### EDUCATION

Schools Attended	Name and Address of School	List Diploma or Degrees and Major Courses of Study	Number of Years Completed	Dates Attended:	
				From: Mo/Yr.	To: Mo/Yr.
Elementary					
High School					
Business					
Technical or Trade					
College					
College					
List year and location if you have earned a G.E.D. diploma.					

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Number		Street	City	State	Zip Code	Home Phone #
Present Address:						
Number		Street	City	State	Zip Code	Work / Cell Phone #
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Social Security #			U.S. Citizen? If NO, list type of visa and Visa #			
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### Military SERVICE

Began Service Date _____ Grade _____	Ended Service _____ _____	Type of Discharge _____	Do you have a service connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nature of work performed in the service: _____
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### SKILLS

Indicate below the specific experience that you have had								
Type of Experience	Yrs.	Mos.	Type of experience	Yrs.	Mos.	Type of Experience	Yrs.	Mos.
Secretary			Cashier			Welder		
Law Enforcement Experience			Other Accounting (Specify)			Auto Mechanic		
Word Processing			Shipping/Receiving			Diesel Mechanic		
Typist			Stock Clerk			A/C Mechanic		
Receptionist			Computer Programmer			Truck Driver		
Windows			Computer Operator			Heavy Equipment Operator		
File/Records Retention			Mechanical Technician			Corrections Experience		
Data Entry			Electronics Technician			Bldg. & Grounds Maint.		
Other Clerical (Specify)			Electromechanical Technician			Electrician		
Accounts Receivable			Chemical Technician			Carpenter		
Accounts Payable			Report Writing			Food Service		
Expense Accounts			Instrumental Repair Technician			Other		
Payroll			Machinist					

Indicate below the type of word processor who can operate.

Word Processing Equipment: What kind? \_\_\_\_\_ wpm: \_\_\_\_\_

### EMPLOYMENT HISTORY

Show **present position first**. Account for all periods of employment for the last ten years, including military experience, and periods of unemployment.

1. Name, address, and phone number of your last or present employer:			
Dates of employment: From _____ to _____ <small>mo/yr      mo/yr</small>	Starting Salary	Ending Salary	
Title of your last position:	Reason for Leaving:		
Description of your work duties:			
Person to contact for reference:	Name	Title	Bus. Phone No.
May we contact your present employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Name, address, and phone number of employer:			
Dates of employment: From _____ to _____ <small>mo/yr      mo/yr</small>	Starting Salary	Ending Salary	
Title of your last position:	Reason for Leaving:		
Description of your work duties:			
Person to contact for reference:	Name	Title	Bus. Phone No.



### GENERAL INFORMATION

Please list the names, addresses, and phone numbers of three personal references who are not your relatives.

1. Name Address Phone

2. Name Address Phone

3. Name Address Phone

If your position requires, are you willing to work shift work?  Yes  No: Overtime?  Yes  No

Do you know any reason why you could not be bonded?  Yes  No: If YES, explain \_\_\_\_\_

(We must have numerical idea of your salary requirement.)

Salary expected: \$      Annually

Earliest date available:

Do you have any disability or handicap that you believe would require a special accommodation for you to perform the job for which you are applying?  Yes  No: If YES, explain \_\_\_\_\_

If additional space is needed, please enclose a separate sheet or resume.

### EMPLOYMENT CONDITIONS

Execution by applicant of a Contract of Employment.

Permission is granted to the Ochiltree County and its employees to inquire about and obtain academic records from educational institutions, to inquire about employment with previous employers named herein, to obtain my driving records, and to use a copy of this application for authorization as necessary.

I have read and completed the foregoing application carefully and understand and agree that any false statement or omission shall be grounds for refusal of Ochiltree County to hire me or, if I am employed, to immediately terminate my services, regardless of the date or circumstances which such false statement or omission is discovered.

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