



**Applicant Name** \_\_\_\_\_ **Date** \_\_\_\_\_

## JOB APPLICATION

Waller County Justice Court, Pct. 3 is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodations in the application process, he or she should contact a staff member.

**Please complete all sections below:**

**Applicant Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Address/Mailing Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact(s)**

Name \_\_\_\_\_ Number \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_ Relation \_\_\_\_\_

**Employment Position:** \_\_\_\_\_

Can you be relied on to keep information confidential? \_\_\_\_\_

Can you be relied on to be punctual? \_\_\_\_\_

Can you be relied on to be professional? \_\_\_\_\_

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Have you ever applied or worked for Waller County? If yes, Dates \_\_\_\_\_

Location \_\_\_\_\_

Do you have any friends, relatives or acquaintances working for Waller County? If yes, state name, location and relationship \_\_\_\_\_

Are you 18 years if age or older? \_\_\_\_\_ Are you a US Citizen or approved to work in the United States? \_\_\_\_\_

If needed what document can you provide as proof of citizenship or legal status? \_\_\_\_\_

Will you consent to a mandatory controlled substance test? \_\_\_\_\_

Do you have any condition which would require job accommodations? If yes, please describe accommodations required,

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



**Applicant Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, please state nature of the crime(s), when and where convicted and deposition of the crime(s). \_\_\_\_\_

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

(Note: No applicant will be denied employment solely on the ground of a conviction of a criminal history. The date of the offense, the nature of the offense, including any significant details that occurred, description of the event, and the surrounding circumstances and the relevance of the offense and position applied for may, however be considered.)

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying.

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

(Note: Waller County Justice Court, Pct. 3 complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

**Education and Training ( Complete all that apply)**

High School

| Name | Location(City/ State) | Year Graduated | Degree Earned |
|------|-----------------------|----------------|---------------|
|      |                       |                |               |

College/University

| Name | Location(City/ State) | Year Graduated | Degree Earned |
|------|-----------------------|----------------|---------------|
|      |                       |                |               |

Vocational School/ Specialized Training

| Name | Location(City/ State) | Year Graduated | Degree Earned |
|------|-----------------------|----------------|---------------|
|      |                       |                |               |

Are you a member of the Armed Services? \_\_\_\_\_ Rank when discharged \_\_\_\_\_

What branch \_\_\_\_\_ How many years did you serve? \_\_\_\_\_

What military skills do you possess that would be an asset for this position?

\_\_\_\_\_



**Applicant Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Previous Employment**

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Date Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Date Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**References:**

Please provide 2 personal and professional references(s) below:

| Personal Reference     | Contact Phone Number |
|------------------------|----------------------|
|                        |                      |
|                        |                      |
| Professional Reference | Contact Phone Number |
|                        |                      |
|                        |                      |
|                        |                      |

**Please attach a copy of your resume**