WALLER COUNTY APPLICATION FOR EMPLOYMENT

Waller County is an equal opportunity employer. Waller County does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name			Date
Address			
Home Phone	Cell Phone	Email Address	
Are you eligible to work in the U.S.? ☐ Yes ☐ No	Are you at least 18 years or older? ☐ Yes ☐ No	If no, you may be required to provide authorization to work.	
Have you ever been terminated from employment or asked to resign by an employer? ☐ Yes ☐ No			
If yes, please provide company names and details:			

EMPLOYMENT DESIRED

Position	Date you can start	Hourly Rate/Salary Desired
Are you currently employed? ☐ Yes ☐ No	If yes, may we inquire of your present employer? ☐ Yes ☐ No	
Can you work any shift? ☐ Yes ☐ No	Can you work overtime, including weekends? ☐ Yes ☐ No	
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ☐ Yes ☐ No		

REFERRAL SOURCE

How did you hear about us?	☐ Walk In	☐ Advertisement	☐ Referral	☐ Other
Have you ever worked for Waller County before?	☐ Yes	☐ No	If yes, explain:	
Do you know anyone who works for Waller County?	☐ Yes	☐ No	If yes, who?	

EDUCATION

School Level	Name and Location of School	Degree Received	Subjects Studied/Major
High School			
College/University			
Trade, Business or Correspondence School			

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

Name of Previous Employer			Hourly Wage/Salary
Address			Telephone
Job Title	Immediate Supervisor	Title	
Description of Work			
From	To	Reason for Leaving	

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Address			Telephone
Job Title	Immediate Supervisor	Title	
Description of Work			
From	To	Reason for Leaving	

GENERAL

Subjects of Special Study or Research Work
Special Training
Special Skills

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	**Address, Phone, Email**	**Company**	**Years Acquainted**
1			
2			
3			

<u>Please read carefully before signing</u>:

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Waller County to hire me. If I am hired, I understand that either Waller County or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Waller County has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Waller County true and complete information on this application. No requested information has been concealed. I authorize Waller County to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature _____ Date _____

THIS APPLICATION IS ONLY VALID FOR 60 DAYS FROM THE DATE ABOVE.