

## 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.

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

## PERSONAL INFORMATION

How did you hear about us?

fields.
Name Date
Address
E-mail Address
Home Phone # Mobile Phone #
Are you eligible to work in the U.S?YesNo
Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)YesNo
Have you ever been terminated from employment or asked to resign by an employer?YesNo
If yes, please provide company names and details
Can you work any shift?YesNo If no, explain:
Can you work overtime, including weekends?YesNo
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?YesNo
EMPLOYMENT DESIRED
Date you can startHourly rate/Salary desired
Position desired
Are you currently employed? If so, may we inquire of your present employer?
REFERRAL SOURCE

Walk In Advertisement Referral Other

•	d for this company before? plain		
Do you know anyone	who works for our company? Yes	No If yes, who?	
EDUCATION	Name and location of school	Degree Received	Subjects studied/Major
High School			
College or 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.* 

From	То	Employer Name	Telephone		
Job Title		Address			
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities			
Reason for leaving					
From	То	Employer	Telephone		
Job Title		Address			
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities			
Reason for lea	aving				
From	То	Employer	Telephone		
Job Title		Address			
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities			

Reason for lea	aving				
From	То	Employer Name	•	Telephone	
Job Title		Address			
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities			
Reason for lea	aving				
		lls, experience and/or training that wo for? If yes, explain.	ould enhance	your ability to	
REFERENCES	3				
Give the name years.	es of three per	sons not related to you, whom you ha	ave known at	least three (3)	
Name		Address, Phone, Email	Compan	y Years Acquainted	
1					
2					
3					
Please read c	arefully befo	re signing.	,	,	
consideration f hired, I unders for any reason	for employme tand that eithe , with or witho	e completion of this application nor any nt establishes any obligation for Walle er Waller County or I can terminate my out cause and without prior notice. I ur unty has the authority to make any ass	er County to h y employmen nderstand tha	ire me. If I am t at any time and t no	
information on Waller County information I had	this application to contact refeated ave provided	low that I have given to Waller County on. No requested information has bee erences provided for employment refe is untrue, or if I have concealed mater e for the denial of employment or imm	n concealed. erence check rial informatio	I authorize s. If any n, I understand	
Date	Sigr	nature			

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