WILLACY COUNTY

EMPLOYMENT APPLICATION

Equal Opportunity Employer M/F/D

The Age Discrimination in Employment Act of 1967 forbids discrimination against Persons over the age of 40.

YOU MUST ANSWER ALL QUESTIONS TO BE CONSIDERED FOR A POSITION				
Name		Today's Date So		cial Security Number
Street Adress City, State & Zip Code		Phone No.	ne No. Position Desired	
All applicants for the employment must be at least 18 and 21 if applying for a Deputy sheriff position. Can you submit proof age after employment?				
Has Bond ever been refused?				
Have you ever been convicted of a felony? If so, please give details.				
Are you related by blood or marriage to any WILLACY County employee/official?				
(if yes, state name and relationship)				
REFERRED BY: Are you legally eligible to work in the U.S.? (Verification will be required upon hire				
DRIVERS LICENSE NUMBER (if job applying for requires it)				
EDUCATION				
Please identify any educational background you believe we should consider in evaluation your qualifications for the position you seek.				
Name and Location of School	Major Subject	No. of Years Completed	Graduated? Degree?	Major Subjects
High School				
College				
College				
Graduate				
Other (Trade, Business or Professional School)				
Describe any Honors or Awards				
Other course work applicable to this type of work.				
Extracurricular activities related to the type of position for which you are applying				
U. S. MILITARY SERVICE				
Number of years served Branch of Ser		Rank at disc	charge Du	ties
Are you a member of the National Guard or Reserve? Do you anticipate any active duty including reserve training in the future?				
□ Yes □ No □ Inactive □ Active □ Yes □ No				

PREVIOUS EMPLOYMENT

All Questions Must Be Answered

Provide employer information for the last 10 years and any work history you feel is relevant to the position you are applied for Attach extra sheets if necessary. (1) Present or last employer Phone No. Date left Address Date started Their Title Immediate Supervisor Your Title Annual Salary at Start Annual Salary on leaving Reason for leaving Your duties (2) Previous employer Phone No. Date left Address Date started Their Title Your Title Immediate Supervisor Annual Salary at Start Annual Salary on leaving Reason for leaving Your duties (3) Previous employer Phone No. Address Date started Date left Their Title Your Title Immediate Supervisor Annual Salary at Start Annual Salary on leaving Reason for leaving Your duties (4) Previous employer Phone No. Address Date started Date left Their Title Your Title Immediate Supervisor Annual Salary at Start Annual Salary on leaving Reason for leaving Your duties LICENSES/EQUIPMENT/MACHINES OPERATED PLEASE IDENTIFY BY TYPE/MODEL **Typewriter** Computer Transcriber _ Calculator **Typing** Date Available Starting Salary desired Have you made application before If so, when? In Case of emergency, notify: Name: Address: Phone: PREEMPLOYMENT STATEMENT I authorize the WILLACY County to make any inquiries they desire regarding my education, employment, ability, habits and personal character for the purpose of determining my fitness for employment. I also authorize previous employers or any other persons to whom the county may refer to give any and all information regarding my employment or scholastic record together with any information personal or otherwise and I hereby release such persons and any companies which they represent from all liability or any damages whatsoever in connection with their compliance. I understand that misrepresentation or omission of any fact or circumstance called for in this application which would affect my application unfavorably or receipt of unsatisfactory references will be sufficient cause for termination without liability. This application is not an employment contract and is not intended to create contractual obligations of any kind. Neither the county nor its employees are bound to continue the employment relationship if either chooses at its will to end the relationship at any time. All employment is at will and the relationship cannot be modified unless in writing.

APPLICANT'S SIGNATURE

DATE