

Gaines County Employment Application

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State Zip Code

Phone: (____) _____ E-mail Address: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? ☐ Yes ☐ No

If no, are you authorized to work in the US ☐ Yes ☐ No

Have you ever worked for this County? ☐ Yes ☐ No

If so when? _____

Have you ever been convicted of a felony ☐ Yes ☐ No

Do you have a Texas CDL License? ☐ Yes ☐ No

If so, CDL License Number: _____

If yes, explain: _____

Education

High School: _____ Address: _____

Did you graduate? ☐ Yes ☐ No Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ Yes ☐ No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ Yes ☐ No Degree: _____

References

Please list three professional references. (non-family related)

Full Name: _____ Relationship: _____
Company: _____ Phone: (____) _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: (____) _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: (____) _____
Address: _____

Previous Employment

Company: _____ Phone: ____ (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

Company: _____ Phone: ____ (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

Company: _____ Phone: ____ (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

Indicate any foreign languages you can speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Disclaimer and Signature

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at the time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that if I am applying for a position that requires a bond, my employment will depend on my being able to obtain and keep a bond.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature: _____ Date: _____

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We will consider all applicants for position(s) without regard to race, color, religion, sex, national origin, citizenship, age or physical disabilities, veteran/national guard or any other protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is **NOT** a part of you official application of employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position(s) applied for _____					Date: _____				
REFERRAL SOURCE									
<input type="checkbox"/> Walk-in			<input type="checkbox"/> Government Employment Agency			<input type="checkbox"/> Private Employment Agency			
<input type="checkbox"/> Employee			<input type="checkbox"/> Relative			<input type="checkbox"/> School			
<input type="checkbox"/> Advertisement Source _____					<input type="checkbox"/> Other _____				
Name of person who referred you (if applicable) _____									
APPLICANT INFORMATION									
Name _____					Telephone # _____				
Last		first		middle					
Address _____									
Street			city		state		zip code		
<input type="checkbox"/> MALE			<input type="checkbox"/> FEMALE						

Please check one of the following Equal Opportunity Identification Groups

- | | | |
|---|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Multiracial
(having parents of different races)
Only in the State of Michigan |

FOR ADMINISTRATIVE USE ONLY

Position(s) applied for		<input type="checkbox"/> Available	<input type="checkbox"/> Not Available
Other positions considered for _____			
Hired <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position hired for _____		Date Hired _____	
From the EEO for classifications listed below, which one best describes the position filled?			
Officials and Managers	Sales Workers	Operators (semi-skilled)	
Professionals	Office Clerical Workers	Laborers	
Technicians	Craft Workers	Service Workers	
Notes _____			
Completed By _____		Date _____	