MILAM COUNTY APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

NOTE TO APPLICANT: Resumes are not accepted; please make sure all information is on the application. Please return completed application to Human Resources, 806 N Crockett, Suite E, Cameron, TX 76520; 254-697-7029.

Date of Application:		Position Applied For:			
PERSONAL INFORMATION					
Name:		First	Mi	Middle	
Physical Address:					
Street Mailing Address (if different):		City	State	Zip	
Thaming ridaress (in differency)	PO Box or Other	City	State	Zip	
Phone:	HomeCell	Alternate Phone:		HomeCell	
Email Address:					
The following questions are in security laws, or needed for or	•	•	nal qualification,	or dictated by national	
Are you 18 Years or Older?	_YesNo				
If hired, can you verify your le	gal right to work in the	United States?Yes	No		
MILITARY SERVICEYes	_No				
If yes, Branch:	Rank:	D	ates of Service:		
Are you a member of the Nati	onal Guard or Reserve	?YesNo			
BACKGROUND					
Have you been convicted of or Conviction will not result in you the conviction and the relevant If yes, Date:Pl	our automatic disqualifince of the crime to the	ication for employment position you are applying	. The seriousnes	as of the crime, the date of dered.	
EMPLOYMENT DESIRED					
What type of employment wil	l you accept? (check al	ll that apply)			
Full TimePart Time	Temporary	_Seasonal			
Desired Rate of Pay: \$	per				
Will you work overtime if requ	uired?YesNo	Will you tra	vel if required?	YesNo	
If hired, date you can start:		How did you hear abo	ut this job?		

Are you able to meet the attendance requiren	nents of the position?YesNo	
If no, please explain:		
Have you ever been employed by Milam Coun	ity?YesNo	
Department:		
Are you related by blood or marriage to any co	urrent Milam County employee or ele	ected official?YesNo
If yes, name of employee or elected official: _		
Department:	Relationship:	
FORMER EMPLOYERS List all employers for the past 7 years or your employment first.	past 4 employers, including your curr	rent employer. List most recent
Current or Last Employer: Name:	Position:	
Address:		
Dates of Employment: Start date:	End date:	
Supervisor Name:	Supervisor Title:	
May we contact?YesNo	Phone Number:	
Starting Pay: \$ per Job Title and Description of Duties:	Ending or Current Pay: \$	per
Previous Employer: Name:	Position:	
Address: Dates of Employment: Start date:	End date:	
Supervisor Name:		
May we contact?YesNo		
Starting Pay: \$ per Job Title and Description of Duties:		
Reason for Leaving:		
Previous Employer: Name:	Position	
Address:		
Dates of Employment: Start date:	End date:	
Supervisor Name:	Supervisor Title:	
Supervisor Name:NoNo	Phone Number:	
Starting Pay: \$ per Job Title and Description of Duties:		per
Reason for Leaving:		

Previous Employer:					
Name:		Position:	Position:		
	t: Start date:				
Supervisor Name:		Supervisor Title:			
May we contact?YesNo		Phone Number:			
Starting Pay: \$	per	Ending Pay: \$	per		
	tion of Duties:				
Reason for Leaving:					
Explain any gaps in y	our employment other than t	hose due to personal illness, inj	ury or disability:		
•	•	or asked to resign from a job? No If yes, please explain:	Γhis does not ap	ply to a layoff or	
EDUCATION AND TR	AINING				
Schools Attended	School Name, City, State	Did you Graduate?	Type of Degree	Major	
High School		Y N			
		If no, do you have a GED?			
College, University,		Y N			
Technical School					
College, University,		Y N			
Technical School		,			
Other					
List all professional licenses/certifications relevant Type: State: Type: State: Type: State:		Date Expires: Lic #: Date Expires: Lic #:		ic #: ic #: ic #:	
List any subjects of s	pecial study, experience, train	ing or skills that you believe are	relevant to the	position you seek:	
List all equipment, or the position you see	•	programs you are able to opera	ite which you be	elieve will be useful in	

PERSONAL REFER	<u>ENCES</u>		
List three persons	other than relatives that have know	wledge of your work experience	ce or education.
Name	Address	Phone	# Years Acquainted
APPLICANT STATE			
authorize Milam C arriving at an emp of that time, if I hav will be necessary temployment and to I understand and	ve not been hired by Milam County to fill out a new application. I unders hat no legal property interest is cread acknowledge that, unless otherwis	contained in this application to yill be considered active for a p and still wish to be considered tand that this application does ted by this application. se defined by applicable law, a	the extent it deems necessary in period of six months. At the conclusion for employment, I understand that it
at any time with or changed by any w	without cause. It is further understoriten document including personnel no person shall be denied employn	ood that this "AT WILL" employ For employee handbook, or by	ment relationship may not be any verbal agreement.
discrimination invo	olving, but not limited to, race, color, eran status, sexual orientation or an	creed, religion, gender, geneti	ics, national origin, age, disability,
I also understand agree to undergo a employment with I	I that I am required to abide by all ru any type of drug and/or alcohol testi	ules and regulations of the emp ng that Milam County may req	ployer in the event of employment. I puire. I understand that if I am offered bry completion of a background check,
I understand that removal from consthat this employment	t false, incomplete, or misleading in	er employment it may result in	discipline or discharge. I understand
(personal and prof otherwise verify th hereby waive any for seeking, gathe	essional), employers, public agenci- e accuracy of all information provide and all rights and claims I may have ring, and using such information in t	es, licensing authorities, and e ed by me in this application, re e regarding Milam County, its a he employment process and a	sume, or during the job interview. I agents, employees or representatives, all other persons, corporations or
	ees or representatives for gathering		fy and hold harmless Milam County, the employment process. I hereby

release each such employer or other person, firm, corporation or entity from any and all liability by reason of furnishing the

Date: _____

requested information. I understand that in the event my application is not approved, the sources of confidential

I certify that the statements and information contained herein are true, complete, and correct to the best of my

information cannot be revealed to me.

Signature:

knowledge.