

For Internal Use Only - Date Application Received:

AN EQUAL OPPORTUNITY EMPLOYER

Gillespie County complies with State and Federal Laws as to non-discrimination against any person in job structuring, recruitment, appointment, placement, training, upward mobility, discipline, or any other aspect of personnel administration based upon race, age, religion, color, disability, national origin, sex, political affiliation or belief, veteran status, or any other non-merit factor. Personnel decisions shall be made on the basis of occupational qualifications and job-related factors such as skill, knowledge, experience, and ability to perform functions of position applied for.

APPLICATION MUST BE RECEIVED PRIOR TO APPLICATION CLOSING

A County Job Announcement will state contact information as to where employment application and job description will be made available, application closing, and contact information as to where application is to be submitted. Be thorough, as your answers may determine whether or not you will be interviewed or considered for the position in which you applied. Resumes may be attached as a supplement only to this application. Some positions by virtue of their job functions may require additional application forms to be completed and may require specific testing.

		PLEASI	E PRINT	I IN I	INK				
NAME (As it appears on Social Security Card/Work Permit Card)	Last			F	First			Middle	
MAILING ADDRESS	Street				City		Stat	e	Zip
PHYSICAL ADDRESS (if same as above, leave blank)	Street				City		Stat	e	Zip
CELL PHONE				SECO	NDARY NUMBER:			_	
EMAIL ADDRESS				A	RE YOU AT LEA	AST 18	YEARS OL	.D? □	YES 🗌 NO
OTHER NAMES YOU HAVE USED:									
POSITION APPLIED FOR:					MIN. SALARY REQUIREMENT	\$ S:			
CHECK EACH TYPE OF WORK YOU W ILL ACCEPT:	🗆 REGULAR	FULL TIME PART TIME RY FULL or PAR	T TIME		DATE AVAILABLE	:			
HAVE YOU EVER BEEN DNO VES DATES: DEPARTMENT(S):									
SUPERVISOR:			REASON	N FOR	R LEAVING:				
FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT REQUIRES PROVIDE TO PROVIDE TO DO YOU HAVE NO YES If Yes, provide location, date, charge and disposition of case(s) on page 5 Additional Info Section DO YOU HAVE			DRIVING A HE FOLLOW A VALID D NO	A VEHI VING II RIVER	STATE		PROVIDE AND VERIFIC RIGHT TO V STAT Would	PROOF OF I CATION OF Y WORK IN TH ES OF AMEH this be an YES IN	YOUR LEGAL HE UNITED RICA. issue?
In the case of applicants for positions with the County which require driving a vehicle, driving records may be checked annually. Every county employee who is required to drive a vehicle or operate a piece of equipment which requires a valid driver's license must maintain a safe driving record. Unsatisfactory results of a driving record check will be subject to disciplinary action up to and including discharge.									



UNITED STATES MILITARY SERVICE										
If you have served in the U.S. Military, please provide the following information:										
DD214 is require	ed (please atta	ch).					Bran	ich of Service		
From:		To:			Γ					
		Dates Served			L	Туре с	of Discharge			
				EDU	JCATIO	N				
EDUCATIONAL						DC				
LEVEL	NAME		CITY	STATE	CIRCLE Y COMPLE		UNITS COMPLETED	DEGREE	MAJOR	
HIGH SCHOOL					9 10 11	12				
COMMUNITY					1 2					
or JR COLLEGE					1 2					
BUSINESS or										
TRADE SCHOOL					1 2		l			
COLLEGE or UNIVERSITY					1 2 3					
					1 2 3 1 2 3					
GRADUATE						-				
SCHOOL										
			TE(CHNICAL &	& OTHE	ER SK	ILLS			
TECHNICAL SH	KILLS	Name of Ha	rdware/S	oftware, if app	licable			Your Proficiency	v	
Describe: (attach additional sheets if necessary) Describe: (attach additional s			ditional sheets if neces	sary)						
Technical So Hardware Ins										
Mainten	ance									
Word Proc	cessing						Skilled	□ Competent	🗌 Fami	liar
Spreads	heet						Skilled	□ Competent	🗌 Fami	liar
Othe	er					Multi	i-line Telephone	e 🗌 Yes	🗌 No	
Typing/WPM		Calculator by	touch [∃Yes □ M	Jo.	Conie	er/Fax Machine	Yes	🗆 No	
							-			
		LICENS	ES / CI	ERTIFICAT	FIONS ,	/ OR(GANIZATI	ONS		
				S OF LICENSES CERTIFICATES	DAT ISSUE			TRATION MBER	STAT E	EXPIRES MO / YR
	IONAL LICE RTIFICATIO				10001					110 / III
	Job Related				I					
		-								
PROFESSIONAL, SCHOLASTIC and OTHE		IER	R NAME		DATE NAME			DATE		
ORGANIZATIONS										
(Job Related)										
Exclude membership national origin, ance	-									
national origin, allee	эц у, эсл, age, ul	Submity of veteralls	ulus							



JOB RELATED TRAINING						
NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED			
THIS PORTION OF THE APPLICAT	EMPLOYMENT ION MUST BE COMPLE	Γ HISTORY ted even if supplemented by a resum	Е			
MAY WE CON LIST YOUR MOST RECENT EMPLOYER FI	ITACT YOUR CURRE RST, INCLUDE U.S. MILITA	NT EMPLOYER? YES NO RY SERVICE AND UNPAID OR VOLUNTEER WORK. , BONUSES OR COMMISSIONS.				
FROM (Mo/Yr) TO (Mo/Yr) TOTA	AL YRS	MOS. YOUR POSITION				
EMPLOYERADDRESS	1	YOUR SUPERVISOR PHONE				
TYPE OF BUSINESS	REASON F	OR LEAVING				
BASE SALARY START FINAL	ONTHLY 🗆 WEEKLY 🗆	HOURLY OTHER COMPENSATION, BONUSES				
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES						
FROM (Mo/Yr) TO (Mo/Yr) TOTA	AL YRS	MOS. YOUR POSITION				
EMPLOYER		YOUR SUPERVISOR				
ADDRESS PHONE PHONE PHONE						
BASE SALARY / M	ONTHLY \Box weekly \Box	HOURLY OTHER COMPENSATION, BONUSES				
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBL	ITIES]			



FROM (Mo/Yr) TO (Mo/Yr) TOTAL YRS MOS. YOUR POSITION					
EMPLOYER YOUR SUPERVISOR					
ADDRESS					
TYPE OF BUSINESS REASON FOR LEAVING					
BASE SALARY START FINAL MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES					
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES					
FROM (Mo/Yr) TO (Mo/Yr) TOTAL YRS MOS. YOUR POSITION					
EMPLOYER YOUR SUPERVISOR ADDRESS PHONE					
TYPE OF BUSINESS REASON FOR LEAVING					
BASE SALARY					
START FINAL					
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES					
In order to comply with the Nepotism Policy of Gillespie County, please list below if you					
and/or your spouse are related to any officer or employee of Gillespie County.					
If not applicable please write N/A.					



L INFORMATION IAT IS JOB RELATED

REFERENCES - Do Not Include Relatives					
NAME	NAME				
ADDRESS	ADDRESS				
CITY,STATE,ZIP	CITY,STATE,ZIP				
DAYTIME PHONE	DAYTIME PHONE				
RELATIONSHIP	RELATIONSHIP				
NAME	NAME				
ADDRESS	ADDRESS				
CITY,STATE,ZIP	CITY,STATE,ZIP				
DAYTIME PHONE	DAYTIME PHONE				
RELATIONSHIP	RELATIONSHIP				



HOW DID YOU HEAR ABOUT THIS JOB OPENING? Mark All That Apply (optional)						
Newspaper Advertisement	Gillespie County Web Site Posting	Friend / Relative	🔲 Walk-In			
Other please explain						

EMERGENCY CONTACT (optional)						
NAME	RELATIONSHIP					
ADDRESS	CITY, STATE, ZIP					
HOME PHONE	BUSINESS PHONE					



AUTHORIZATION and AGREEMENT

I certify that the statements and information contained herein are true, complete and correct to the best of my knowledge, and I authorize any former employer to release to Gillespie County, or its authorized representative, any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment. I will be responsible for providing legal documents verifying my identity and eligibility for employment. In addition, I understand that, true copies of all degrees, certificates, or licenses listed on this application must be attached to be considered and before any employment decision can be made. A photocopy of this authorization shall be as valid as the original.

As an employer, the County is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Amendment Act of 2008 as may amended. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Gillespie County Human Resource Office.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests which may include a fitness for duty examination, psychological exam, a drug/alcohol screen. These examinations will be conducted by providers of the County's selection. I understand that a positive result from the drug/alcohol screen may eliminate me from consideration from any County job.

I understand that I must produce all documents necessary for the County to verify my identity and work authorization in accordance with the requirements of the Department of Homeland Security.

I understand that this application remains current for 180 days. At the conclusion of that time, if I have not heard from Gillespie County and still wish to be considered for employment, it will be necessary to reapply and fill out a new application when a position is posted.

I understand that the County has Personnel Policies which describe additional obligations, terms, and conditions of employment. If selected for employment, I agree to promptly familiarize myself with the terms of such documents and abide thereby. I understand and agree that all benefits, programs, rules and policies of the County are subject to exceptions or change at any time, as decided by the County. Furthermore, the County will have the right to change my location for work, wage, and benefit programs, its personnel policies and any other privilege or condition of employment at any time for any reason, with or without prior notice.

I understand the acceptance of this application by the County neither expresses nor implies I will be offered employment. Gillespie County operates under the legal doctrine of employment-at-will and within requirements of State and Federal law regarding employment can dismiss an employee at any time, with or without notice, for any reason or no reason.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS

SIGNATURE OF		
APPLICANT		DATE
PRINTED NAME OF APPLICANT		
TH <u>E INFORMATION BEL</u>	<u>OW IS SUBMITTED FOR MY BACKGROUND</u>	INVESTIGATION
Date of Birth:	Texas Driver License Numb	er:
PLEASE PROV	IDE COPY OF CURRENT DRIVER LICENSE WITI	APPLICATION
(, initials, consent) or (plying requires a criminal and/or comprehensive , _{initials} , do not consent) to the criminal and/or c ch background checks (if required for the job	comprehensive background check.
I reiterate, and emphasize that the intent of t	his information is to provide full and free access t nvestigation which may provide pertinent data f	
Return Application To:	Gillespie County HR Director	
	Gillespie County Courthouse 101 West Main St., Mail Unit# 11 Room B-102	
	Fredericksburg, TX 78624, or	