

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.

completed and may require sp	ecinc testing.								
		PLEASI	E PRINT	IN IN	IK				
NAME (As it appears on Social Security Card/Work Permit Card)	Last			Firs	ıt.		М	iddle	
MAILING ADDRESS	Street			City	,		State	Zip	
PHYSICAL ADDRESS (if same as above, leave blank)	Street			City	,		State	Zip	
CELL PHONE				SECON	DARY NUMBER:				
EMAIL ADDRESS				AR	E YOU AT LEA	AST 18	YEARS OLD?	□ YES □	NO
OTHER NAMES YOU HAVE USED:									
POSITION APPLIED FOR:				- 11	IN. SALARY EQUIREMENT	\$ S:			
CHECK EACH TYPE OF WORK YOU WILL ACCEPT:	□ REGULAR	FULL TIME PART TIME RY FULL or PAR	Т ТІМЕ		DATE AVAILABLE	:			
HAVE YOU EVER BEEN EMPLOYED BY GILLESPIE	COUNTY?	□no □yes DA	ATES:		I	DEPAR	TMENT(S):		
SUPERVISOR:			REASON	FOR L	LEAVING:				
HAVE YOU EVER BEEN CON FELONY? A CONVICTION NECESSARILY DISQUALIFY A FROM EMPLOYME ONO OYES If Yes, provide charge and dispersed case(s) on page Info Section	REQUIRES DRIVING A V PROVIDE THE FOLLOWING Ocation, date, osition of		VEHICI ING INF IVER'S	TEHICLE, PLEASE NG INFORMATION VER'S LICENSE? STATE		IF HIRED, YOU WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES OF AMERICA. Would this be an issue? YES □ NO			
		ith the County wh vee who is require						necked annually	√.

n 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.



		U	NITED	STATES	MILLIA	KY SI	ERVICE			
If you have serv	ved in the U	e U.S. Military, please provide the following information:								
DD214 is require	ed (please atta	acch). Branch of Service								
From:		To:								
							of Discharge			
				EDU	JCATIO	N				
EDUCATIONAL LEVEL	NAME		CITY	STATE	CIRCLE Y		UNITS COMPLETED	DEGREE	MAJOR	
HIGH SCHOOL					9 10 11					
COMMUNITY					1 2					
or JR COLLEGE					1 2					
BUSINESS or TRADE SCHOOL					1 2					
COLLEGE or					1 2 3	4				
UNIVERSITY					1 2 3	4				
					1 2 3	4				
GRADUATE SCHOOL										
School										
			TE(CHNICAL &	& OTHE	R SK	ILLS			
TECHNICAL SI	KILLS	Name of Ha	rdware/S	Software, if app	olicable			Your Proficienc	у	
Describe: (attach additional sheets if necessary) Describe: (attach additional sheets if necessary)										
Hardware Ins	aical Software/ are Installation, aintenance									
Word Prod	cessing					☐ Skilled ☐ Competent ☐ Familiar			iar	
Spreads	heet					☐ Skilled ☐ Competent ☐ Familiar		iar		
Othe	er					Multi-line Telephone ☐ Yes ☐ No				
Typing/WPM		Calculator by	touch [□ Yes □	No	Copie	r/Fax Machine	☐ Yes	□ No	
		LICENS	ES / C	ERTIFICA'	TIONS	ORC	GANIZATIO	ONS		
PROFESSI	IONAL LICE		TYPE	S OF LICENSES CERTIFICATES	DAT ISSUE	E	REGIST	TRATION MBER	STAT E	EXPIRES MO / YR
	RTIFICATIO					Ü				
Ĺ	<u>Job Related</u>	J								
					<u>II</u>		1			
PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS		IER	NAME		DATE	NAME	<u> </u>	DATE		
(Job Related)										
Exclude membershi	-	-	color							
Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status										



	JOB RELATED TR	AINING	
NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED
THIS PORTION OF THE APPLI	EMPLOYMENT H CATION <u>MUST</u> BE COMPLETED	ISTORY DEVEN IF SUPPLEMENTED BY A RES	SUME
LIST YOUR MOST RECENT EMPLOY		EMPLOYER? YES NO SERVICE AND UNPAID OR VOLUNTEER WO NUSES OR COMMISSIONS.	ORK. BASE SALARY
FROM (Mo/Yr) TO (Mo/Yr)	TOTAL YRS	MOS. YOUR POSITION	
EMPLOYER ADDRESS	REASON FOR I	YOUR SUPERVISOR PHONE	
BASE SALARY START FINAL	□ MONTHLY □ WEEKLY □ HOU		JSES
BRIEF DESCRIPTION OF YOUR DUTIES & RESPON	ISIBLITIES		
FROM (Mo/Yr) TO (Mo/Yr)	TOTAL YRS	MOS. YOUR POSITION	
EMPLOYER		YOUR SUPERVISOR	
TYPE OF BUSINESS	REASON FOR L	EAVING PHONE	
BASE SALARY START FINAL	\square monthly \square weekly \square hou	IRLY OTHER COMPENSATION, BONU	JSES
BRIEF DESCRIPTION OF YOUR DUTIES & RESPON	ISIBLITIES		



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 MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES
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.



ADDITIONAL INFORMATION OR TRAINING THAT 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 H	HEAR ABOUT THIS JOB OP	PENING? Mark All That Ap	oply (optional)
Newspaper Advertisement	Gillespie County Web Site Posting	Friend / Relative	☐ Walk-In
Other please explain			
	EMERGENCY CON	TACT (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
THE INFORMATION BELOW IS SUBMITTED FOR MY BACKGROUND INVESTIGATION Date of Birth: Texas Driver License Number:
PLEASE PROVIDE COPY OF CURRENT DRIVER LICENSE WITH APPLICATION
The position for which I am applying requires a criminal and/or comprehensive background check. I hereby (, initials, consent) or (, initials, do not consent) to the criminal and/or comprehensive background check.
I understand that failure to consent to such background checks (if required for the job) will result in my application not being considered. (, initials)
I reiterate, and emphasize that the intent of this information is to provide full and free access to the background and history of my life, for the specific purpose of pursuing a background investigation which may provide pertinent data for Gillespie County to consider in determining my suitability for employment.

Return Application To:

Gillespie County
HR Director
Gillespie County Courthouse 101
West Main St., Mail Unit# 11
Room B-102
Fredericksburg, TX 78624, or
FAX 830-307-3782