

BORDEN COUNTY

PO BOX 115
GAIL, TX 79738
806.756.4311 OFFICE
806.756.4431 FAX

EMPLOYMENT APPLICATION AN EQUAL OPPORTUNITY EMPLOYER

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

*Note: If you need additional space to provide information, please continue on separate paper.
Resume is accepted in addition to application. Resume attached: _____ Yes _____ No*

APPLICANT INFORMATION

Position Applied For: _____ Date of Application: _____

How did you learn about this position?

_____ Advertisement _____ Friend _____ Walk-In _____ Employment Agency
_____ Relative _____ Other _____

Full Name: _____
Last First Middle

Physical Address: _____
Street Address

City State Zip Code

Mailing Address: _____
If different from Street Address

City State Zip Code

Phone: _____ E-mail Address: _____

Social Security Number: _____ Desired Salary: \$ _____

Date Available to Work: _____

	Yes	No
Are you a citizen of the United States?	_____	_____
If no, are you authorized to work in the U.S.?	_____	_____
Are you currently employed?	_____	_____
May we contact your present employer?	_____	_____
Can you travel if job requires?	_____	_____
Have you ever been convicted of a felony?*	_____	_____
<i>(Conviction will not necessarily disqualify an applicant from employment)</i>	_____	_____

*If yes, explain: _____

EDUCATION

High School: _____

Address: _____

From: _____ To: _____ Did you Graduate *Yes* *No* Diploma/ Degree: _____

Undergraduate College: _____

Address: _____

From: _____ To: _____ Did you Graduate *Yes* *No* Degree: _____

Graduate Professional: _____

Address: _____

From: _____ To: _____ Did you Graduate *Yes* *No* Degree: _____

Other: _____

Address: _____

From: _____ To: _____ Did you Graduate *Yes* *No* Degree: _____

PREVIOUS EMPLOYMENT

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer: _____ Phone: _____

Address: _____

Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

From: _____ To: _____ Reason for Leaving: _____

Work Performed: _____

May we contact your previous employer for a reference? *Yes* *No* _____

Employer: _____ Phone: _____

Address: _____

Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

From: _____ To: _____ Reason for Leaving: _____

Work Performed: _____

May we contact your previous employer for a reference? Yes No
_____ _____ _____

Employer: _____ Phone: _____

Address: _____

Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

From: _____ To: _____ Reason for Leaving: _____

Work Performed: _____

May we contact your previous employer for a reference? Yes No
_____ _____ _____

ADDITIONAL INFORMATION

Summarize special job-related skills, training, and qualifications acquired from employment or other experience and state any additional information you feel may be helpful to us in considering your application.

REFERENCES

Please list three professional references:

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** _____

Address: _____

DISCLAIMER AND SIGNATURE

I certify that the information contained in this application is true and correct to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in release of my employment.

Applicant's Signature

Date

Applicant's Printed Name