

CONCHO COUNTY EMPLOYMENT APPLICATION

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap. The information requested will not be used to discriminate against any qualified applicant or employee.

CONCHO COUNTY
An Equal Opportunity Employer

Be sure that the Treasurer's Office/Human Resources Department receives your completed application.

INSTRUCTIONS: All applications for employment with Concho County must be made on this form. Consider each question carefully. YOU MUST ANSWER ALL QUESTIONS. If a question is not applicable, enter "N/A". Please print legibly. Resumes will be accepted as additional information, but not in place of a completed application.

Name:	Last	First	Initial	Social Security Number:
Position Desired:				Today's Date: (mm/dd/yyyy)
Street Address:	City		State	Zip
Phone Number:	Area Code	Number	Driver's License Number: (If job you're applying for requires one)	State Number
<p>YES NO Please attach additional information, if needed, to answer details of the following questions.</p> <p><input type="checkbox"/> <input type="checkbox"/> Can you submit proof of age, if hired? All applicants must be at least 18 years of age (21 if applying for a deputy sheriff position).</p> <p><input type="checkbox"/> <input type="checkbox"/> Have you ever been convicted of a felony? If YES, give details: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Are you legally eligible to work in the U.S.? (Verification will be required if hired).</p> <p><input type="checkbox"/> <input type="checkbox"/> Are you related by blood or marriage to any CONCHO COUNTY employee/official? If YES, give name and relationship: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Have you previously been employed by Concho County? If YES, answer the following: When: _____ Position: _____ Reason for leaving: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Are you currently employed? May we contact your current employer? _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Have you made an application before? If YES, when: _____</p> <p>Date available to begin work: _____ Starting salary desired: _____</p>				

EDUCATION

	Name and Location	Major Subject(s)	No. of Years Completed	DIPLOMA Degree
High School				
College				
College				
Graduate School				
Other (Trade, business, or professional school):				
Other course work applicable to this type of work:				

U.S. MILITARY SERVICE

Number of years served:	Branch of Service:	Rank at discharge:
Duties:		
<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Are you a member of the National Guard or Reserve? <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p><input type="checkbox"/> <input type="checkbox"/> Do you anticipate any active duty, including reserve training, in the future?</p>		

Start with your present or most recent job (including military service). Provide employer information for the last 10 years and any other work history you feel is relevant. Attach additional sheets, or extra copies of this page, if necessary.

PREVIOUS EMPLOYMENT

(1) Present or most recent employer		Phone	Area Code	Number
Address:		City		State Zip
Job Title:		Supervisor's Name		
Dates Employed:	Starting	Ending		
From:	To:	Salary:	Salary:	
Reason for leaving:				
Your duties:				
(2) Previous employer		Phone	Area Code	Number
Address:		City		State Zip
Job Title:		Supervisor's Name:		
Dates Employed:	Starting	Final		
From:	To:	Salary:	Salary:	
Reason for leaving:				
Your duties:				

(3) Previous employer		Phone	Area Code	Number
Address:		City		State Zip
Job Title:		Supervisor's Name:		
Dates Employed:	Starting	Final		
From:	To:	Salary:	Salary:	
Reason for leaving:				
Your duties:				

LICENSES / EQUIPMENT / MACHINES OPERATED *Attach additional sheets if necessary.*

Computers, Office Equipment:	Typing (wpm):
Licenses (CDL, electrician, etc.):	
Heavy / light equip., machinery:	
Mechanical, repair experience:	
Special skills / training (welding, etc.):	
Other:	

PRE-EMPLOYMENT STATEMENT *Please read the following carefully, then sign and date where indicated:*

I authorize Concho County to make any inquiries they desire regarding my education, employment, ability, habits, and personal character for the purpose of determining my fitness for employment. I also authorize previous employers or any other persons to whom the county may refer to give any and all information regarding my employment or scholastic record together with any information personal or otherwise and I hereby release such persons and any companies they represent from all liability or any damages whatsoever in connection with their compliance. I understand that misrepresentation or omission of any fact or circumstance called for in this application which would affect my application unfavorably or receipt of unsatisfactory references will be sufficient cause for termination without liability. This application is not an employment contract and is not intended to create contractual obligations of any kind. Neither the county nor its employees are bound to continue the employment relationship if either chooses at its will to end the relationship at any time. All employment is at will and the relationship cannot be modified unless in writing.

Applicant's Signature	Date
_____	_____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

CONCHO COUNTY Voluntary EEO Self-Identification Form

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 Voluntary EEO Self-Identification form. 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.

Name	Date
Position	
Department	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnicity: (Check all that apply)	
<input type="checkbox"/> Asian/Pacific Islander All persons having origins in any of the original peoples of the Far East, Indian Subcontinent, Southeast Asia or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.	
<input type="checkbox"/> Black All persons having origins in any of the black racial groups of Africa.	
<input type="checkbox"/> Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture/origin, regardless of race.	
<input type="checkbox"/> American Indian/Alaskan All persons having origins in any of the original peoples of North America.	
<input type="checkbox"/> White All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.	