



La Salle County Employment Application

For HR use only Application received on: _____

AN EQUAL OPPORTUNITY EMPLOYER It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or a other classification protected by law.

All applications must be received by the Human Resources Office prior to the application deadline. Please do not write "See Resume." Resumes may be attached as a supplement to this application. Be thorough, since your answers may determine whether or not you will be interviewed or considered for a position.

PLEASE PRINT INK

NAME (As is appears on Social Security Card or Work Permit Card)			
MAILING ADDRESS			
PHYSICAL ADDRESS			
CITY, STATE, ZIP			
HOME PHONE #	CELL/OTHER PHONE #		
DAYTIME PHONE #	ARE YOU AT LEAST 18 YRS OF AGE? Y <input type="checkbox"/> N <input type="checkbox"/>		
EMAIL ADDRESS			
POSITION APPLIED FOR:	MIN. SALARY REQUIREMENTS \$		
CHECK EACH TYPE OF WORK YOU CAN ACCEPT:	<input type="checkbox"/> REGULAR	<input type="checkbox"/> FULL TIME	DATE AVAILABLE
	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> PART TIME	
	<input type="checkbox"/> LABOR POOL (AS NEEDED)		
HAVE YOU EVER BEEN EMPLOYED BY LA SALLE COUNTY?	Y <input type="checkbox"/> N <input type="checkbox"/>	WHEN?	DEPARTMENT
SUPERVISOR AT THAT POSITION	REASON FOR LEAVING		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? (A CONVICTION WILL <u>NOT</u> NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT) Y <input type="checkbox"/> N <input type="checkbox"/> If Yes, Give location, date, charge and disposition of case(s) on page 4 (additional info section)	IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING: DO YOU HAVE A VALID DRIVERS LICENSE? Y <input type="checkbox"/> N <input type="checkbox"/> D. L. # _____ STATE _____	CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? Y <input type="checkbox"/> N <input type="checkbox"/>	

In the case of applicants for positions with the county which require driving a vehicle, driving records will 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 and may be required to participate in Defensive Driving courses at the county's request. Unsatisfactory results of a driving record check will be subject to disciplinary action up to and including discharge.

EDUCATION

EDUCATIONAL LEVEL	NAME	CITY & STATE	CIRCLE YRS COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL			9 10 11 12			
COMMUNITY OR JR. COLLEGE			1 2			
			1 2			
BUSINESS OR TRADE SCHOOL			1 2			
			1 2			
COLLEGE OR UNIVERSITY			1 2 3 4			
			1 2 3 4			
			1 2 3 4			
GRADUATE SCHOOL			1+ 2+			
			1+ 2+			

COMPUTER/SKILLS

COMPUTER SKILLS	NAME OF SOFTWARE (if applicable)	YOUR PROFICIENCY
WORD PROCESSING		
SPREADSHEET		
OTHER		

LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES AND CERTIFICATIONS <small>(job related)</small>	TYPES OF LICENSES OR CERTIFICATES	DATE ISSUED	LICENSE #	STATE	EXPIRES (MO/YR)

PROFESSIONAL, SCHOLASTIC AND OTHER ORGANIZATIONS <small>(exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability and veteran status)</small>	NAME	DATE	NAME	DATE

U.S. MILITARY SERVICE

IF YOU HAVE SERVED IN THE MILITARY, PLEASE PROVIDE THE FOLLOWING INFORMATION:

BRANCH OF SERVICE

FROM: _____ TO: _____

DATES SERVED

TYPE OF DISCHARGE

JOB RELATED TRAINING

NAME OF COURSE	YRS COMPLETED	NAME OF COURSE	YRS COMPLETED

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

MAY WE CONTACT YOUR PRESENT EMPLOYER? Y N

**LIST YOUR MORE RECENT EMPLOYER FIRST, INCLUDE U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.
BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES AND COMMISSIONS.**

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MONTHS YOUR POSITION _____

EMPLOYER _____ YOUR SUPERVISOR _____

ADDRESS _____ PHONE _____

TYPE OF BUSINESS _____ REASON FOR LEAVING _____

BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____

BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES: _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MONTHS YOUR POSITION _____

EMPLOYER _____ YOUR SUPERVISOR _____

ADDRESS _____ PHONE _____

TYPE OF BUSINESS _____ REASON FOR LEAVING _____

BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____

BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES: _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MONTHS YOUR POSITION _____

EMPLOYER _____ YOUR SUPERVISOR _____

ADDRESS _____ PHONE _____

TYPE OF BUSINESS _____ REASON FOR LEAVING _____

BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____

BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES: _____

ADDITIONAL INFORMATION OR TRAINING

REFERENCES

NAME _____ ADDRESS _____ CITY, STATE, ZIP _____ DAYTIME PHONE _____ RELATIONSHIP _____ <small>(no relatives)</small>	NAME _____ ADDRESS _____ CITY, STATE, ZIP _____ DAYTIME PHONE _____ RELATIONSHIP _____ <small>(no relatives)</small>
NAME _____ ADDRESS _____ CITY, STATE, ZIP _____ DAYTIME PHONE _____ RELATIONSHIP _____ <small>(no relatives)</small>	NAME _____ ADDRESS _____ CITY, STATE, ZIP _____ DAYTIME PHONE _____ RELATIONSHIP _____ <small>(no relatives)</small>
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NAME _____ ADDRESS _____ CITY, STATE, ZIP _____ DAYTIME PHONE _____ RELATIONSHIP _____ <small>(no relatives)</small>	NAME _____ ADDRESS _____ CITY, STATE, ZIP _____ DAYTIME PHONE _____ RELATIONSHIP _____ <small>(no relatives)</small>

EMERGENCY CONTACT

NAME _____	RELATIONSHIP _____
ADDRESS _____	CITY, STATE, ZIP _____
HOME PHONE _____	WORK PHONE _____

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 La Salle 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 and that I am 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 this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. 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 Human Resources Department.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests which will include a fitness for duty examination and a drug screen. This examination will be conducted by health care providers of the County's selection. I understand that a positive result from the drug screen will eliminate me from consideration from any County job. I understand that I must produce all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

I understand that this application remains current for 180 days. At the conclusion of that time, if I have not heard from La Salle County and still wish to be considered for employment, it will be necessary to re-apply 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 your location for work, your salary 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 employer neither expresses nor implies I will be offered employment. La Salle 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 _____

FOR LAW ENFORCEMENT APPLICANTS ONLY. THE INFORMATION BELOW IS SUBMITTED FOR BACKGROUND INVESTIGATION PURPOSES ONLY: DO NOT COMPLETE UNLESS SUBMITTING AN APPLICATION FOR A LAW ENFORCEMENT POSITION:

DATE OF BIRTH _____ TEXAS DRIVERS LICENSE # _____ PID# _____

The job I am applying for requires a criminal or comprehensive background check, and I hereby consent 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 the La Salle County Sheriffs Office to consider in determining my suitability for employment by that office.

MUST BE SIGNED IN PRESENCE OF NOTARY FOR ALL CORRECTIONS/COMMUNICATION OFFICERS OR SHERIFF DEPUTY APPLICANTS:

Subscribed and sworn before me this ____ day of _____ 20____

Signature of Notary

Notary Seal or Stamp

Thank you for your interest in employment opportunities with La Salle County.
Please view current job postings at: www.co.la-salle.tx.us

****VOLUNTARY AFFIRMATIVE ACTION INFORMATION****

LA SALLE COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment, advancement opportunities, and access to services for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, or any other classification protected by law. As an employer with an Equal Opportunity Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is OPTIONAL. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OF ANY DATE WILL NOT AFFECT ANY EMPLOYMENT DECISION.