

# LAVACA COUNTY

## EMPLOYMENT APPLICATION

Equal Opportunity Employer M/F/D

The Age Discrimination in Employment  
Act of 1967 forbids discrimination against  
Persons over the age of 40.

### YOU MUST ANSWER ALL QUESTIONS TO BE CONSIDERED FOR A POSITION

Name	Today's Date	
Street Address City, State, & Zip Code	Phone No.	Position Desired
All applicants for employment must be at least 18 and 21 if applying for a Deputy sheriff position. Can you submit proof of age after employment?		
Has Bond ever been refused?		
Are you related by blood or marriage to any employee/official? (if yes, state name and relationship)		
REFERRED BY:	Are you legally eligible to work in the U.S.? (Verification will be required upon hire) <input type="checkbox"/> Yes <input type="checkbox"/> No	
DRIVERS LICENSE NUMBER		

### EDUCATION

Please identify any educational background you believe we should consider in evaluation of your qualifications for the position you seek.

Name and Location of School	Major Subject	No. of Years Completed	Graduated? Degree?	Major Subjects
High School				
College				
College				
Graduate School				
Other (Trade, Business or Professional School)				

Describe any Honors or Awards
Other course work applicable to this type of work.
Extracurricular activities related to the type of position for which you are applying

### U.S. MILITARY SERVICE

Number of years served	Branch of Service	Rank at discharge	Duties

Are you a member of the National Guard or Reserve?	Do you anticipate any active duty including reserve training in the future?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PREVIOUS EMPLOYMENT

All Questions Must Be Answered

Provide employer information for the last 10 years and any other work history you feel is relevant to the position you have applied for. Attach extra sheets if necessary

(1) Present or last employer		Phone No.
Address	Date Started	Date Left
Immediate Supervisor	Their Title	Your Title
Annual Salary at start	Annual Salary on leaving	Reason for leaving
Your duties		
(2) Previous employer		Phone No.
Address	Date Started	Date Left
Immediate Supervisor	Their Title	Your Title
Annual Salary at start	Annual Salary on leaving	Reason for leaving
Your duties		
(3) Previous employer		Phone No.
Address	Date Started	Date Left
Immediate Supervisor	Their Title	Your Title
Annual Salary at start	Annual Salary on leaving	Reason for leaving
Your duties		

## JOB SKILLS/QUALIFICATIONS

Please list below the skills and qualification you possess for the position for which you are applying:

Date available	Starting Salary desired.	Have you made application before?	If so, when?
In case of emergency, notify:			
Name	Address	Phone No.	

## PREEMPLOYMENT STATEMENT

<p>I authorize Lavaca 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, including performing a criminal history search through the Texas Department of Public Safety. 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 which they represent from all liability or any damages whatsoever in connection with their compliance. I understand that misrepresentation or omission of any fact or circumstances called for in this application which would affect my application unfavorable or receipt of unsatisfactory references will be sufficient cause for termination without liability. I also understand any job offer is contingent on passing a drug screen test. This application is not an employment contract and is not intended to create contractual obligation of any kind. Neither Lavaca 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.</p>		
<table style="width: 100%;"> <tr> <td style="width: 30%;"><b>Date:</b></td> <td><b>Applicant's Signature:</b></td> </tr> </table>	<b>Date:</b>	<b>Applicant's Signature:</b>
<b>Date:</b>	<b>Applicant's Signature:</b>	

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

**Please:  
Check and Initial each Applicable Space**

CCH Report Printed:

YES \_\_\_\_\_ NO \_\_\_\_\_ initial

Purpose of CCH: \_\_\_\_\_

Empl \_\_\_\_ Vol/Contractor \_\_\_\_ initial

Date Printed: \_\_\_\_\_ initial

Destroyed Date: \_\_\_\_\_ initial

**Retain in your files**

# Lavaca County DOT Drug & Alcohol Policy Addendum

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## **Commercial Driver's License Drug and Alcohol Clearinghouse**

Beginning January 6, 2020, a repository created by the FMCSA will collect information on drivers' DOT drug and alcohol violations occurring under the Lavaca County's FMCSA DOT testing program.

Lavaca County and service providers are called upon to report DOT drug and alcohol testing program violations to the Clearinghouse. Motor carriers, medical review officers, third-party administrators, and substance abuse professionals must provide information when a driver:

- Tests positive for drugs or alcohol;
  - Refuses drug and alcohol testing; and
  - Undergoes the return-to-duty drug and alcohol rehabilitation process.
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The following records will be collected and maintained in the Clearinghouse:

- A verified positive, adulterated, or substituted drug test result;
- An alcohol confirmation test with a concentration of 0.04 or higher;
- A refusal to submit to any test required by Subpart C of Part 382;
- An employer's report of actual knowledge, as defined at §382.107, including:
  - On duty alcohol use pursuant to §382.205;
  - Pre-duty alcohol use pursuant to §382.207;
  - Alcohol use following an accident pursuant to §382.209; and
  - Controlled substance use pursuant to §382.213;
- A substance abuse professional report of the successful completion of the return-to-duty process; and
- An employer's report of completion of follow-up testing.

The Clearinghouse will aid Lavaca County in learning of a driver's need, start or continue with the necessary steps in the DOT return-to-duty process (i.e., Substance Abuse Professional (SAP) program) in order to operate a commercial motor vehicle (CMV).

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FMCSA requires motor carrier employers to:

- Query the system for information on driver applicants, and
- Search the database annually for current employees.

Before Lavaca County can gain access to the information in the Clearinghouse, the driver must grant consent. Failure to provide consent prevents Lavaca County from using the CDL driver in a safety-sensitive function.

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## **RECEIPT OF POLICY**

I acknowledge that I have received a copy of Lavaca County's addendum to its DOT Drug & Alcohol Policy.

Driver's Full Name (printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Lavaca County**  
**General Consent for Limited Queries of the Federal Motor**  
**Carrier Safety Administration (FMCSA) Drug and Alcohol**  
**Clearinghouse**

I, \_\_\_\_\_, hereby provide consent to Lavaca County to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by Lavaca County indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Lavaca County without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Lavaca County to conduct a limited query of the Clearinghouse, Lavaca County must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

This consent is valid for as long as I am an employee of Lavaca County in a CDL required position.

Employee Name (Printed)	Telephone Number	
CDL Number	Expiration Date	
Address		
City	State	Zip
Employee Signature	Date	

# Lavaca County "Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"

## **Section I.** To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **I-A.**

New Employer Name: Lavaca County

Address: P.O. Box 283

Hallettsville, TX 77964

Phone #: 361-798-2711 Fax #: 361-240-4802

Designated Employer Representative: Brook Presley bpresley@co.lavaca.tx.us

### **I-B.**

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

## **Section II.** To be completed by the previous employer and transmitted by mail or fax to the new employer:

**II-A.** In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- |   |                           |
|---|---------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher?                                   | YES ____ NO ____          |
| 2. Did the employee have verified positive drug tests?  | YES ____ NO ____          |
| 3. Did the employee refuse to be tested?  | YES ____ NO ____          |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?             | YES ____ NO ____          |
| 5. Did a previous employer report a drug and alcohol rule violation to you?                               | YES ____ NO ____          |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ____ YES ____ NO ____ |

**NOTE:** If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

### **II-B.**

Name of person providing information in Section II-A: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_