

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		Phone No.	Position Desired
City, State, & Zip Code			
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		TYPE	CLASS

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		

### EQUIPMENT/MACHINES OPERATED

PLEASE IDENTIFY BY TYPE/MODEL	
Typewriter _____	Maintainer _____
Computer _____	Back Hoe _____
Transcriber _____	Bull Dozer _____
Calculator _____	Dump Truck _____
Typing _____ wpm _____	

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

### PREEMPLOYMENT STATEMENT

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 unfavorably 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.

Date:	Applicant's Signature:
-------	------------------------

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_ have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$24.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

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

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>		
CCH Report Printed:		
YES _____	NO _____	_____ initial
Purpose of CCH: _____		
Hire _____	Not Hired _____	_____ initial
Date Printed: _____	_____	_____ initial
Destroyed Date: _____	_____	_____ initial
<b>Retain in your files</b>		

PLEASE RETURN TO THE AUDITOR'S OFFICE.