

# 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:

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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 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.

<b>Date:</b>	<b>Applicant's Signature:</b>
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# 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/ReviewofPersonalCriminalHistory) 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

<b>Please:</b> <b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	