



Employment Application

We are an Equal Opportunity Affirmative Action Employer

APPLICANT INFORMATION			
Name (First, Middle, Last)		Today's Date	
Street Address	City	State	Zip Code
Daytime Telephone		Evening Telephone	
E-Mail Address:			
Taylor County does not allow immediate family members to supervise another family member in the work environment. Are you related to anyone currently employed by Taylor County? If yes, please specify:		Yes	No
Are you legally authorized to work in the U.S.? (If hired, you will be required to provide proof of work authorization.)		Yes	No
Are you at least 18 years old? (If not, your employment will be subject to verification that you meet state/federal minimum age for the type of work you are applying for and have obtained a valid work permit.)		Yes	No
Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? If yes, explain: 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not an automatic bar to employment.)		Yes	No
Do you have any pending criminal charges against you? If yes, describe 1) nature of the charges, 2) date issued, and 3) county and state where issued.		Yes	No
Have you ever applied at Taylor County before? If yes, when:		Yes	No
Have you ever worked at Taylor County before? If yes, when:		Yes	No

EMPLOYMENT INFORMATION:				
Position Applying For:				
Employment Desired	Full-Time	Part-Time	LTE	Casual
Temporary	Permanent	Seasonal		
Hours Available to Work		When can you start?		
How were you referred to Taylor County?		Agency	Walk-In	Newspaper
Friend/Relative	School	Other:		

SPECIAL SKILLS
1. If relevant, please describe word processing speed, software knowledge and office equipment experience:
2. If relevant, please describe experience using machinery and equipment:

EDUCATION					
School	Name & Location (City, State)	# Yrs Attended	Major Subjects	Diploma or Degree	
High				Yes	No
College				Yes	No
Graduate				Yes	No
Other				Yes	No

TRAINING COURSES			
List any relevant training programs completed.			
Course / Seminar	Organization Sponsoring	Content	Date(s) Attended

REQUIRED LICENSES

If required to drive a motor vehicle for the job applying for, state your:

1) Drivers License Number

2) State Issued

3) Commercial Drivers License Yes No Endorsements:

EMPLOYMENT HISTORY (start with most recent)

Name of Employer

Telephone

Address

Job Title

Employment Dates (month / year)

Name of Immediate Supervisor

From

To

Description of Duties

Salary Start

Salary End

Reason for Leaving

If currently employed, may we contact as a reference?

Yes

No

Name of Employer

Telephone

Address

Job Title

Employment Dates (month / year)

Name of Immediate Supervisor

From

To

Description of Duties

Salary Start

Salary End

Reason for Leaving

If currently employed, may we contact as a reference?

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Telephone

Address

Job Title

Employment Dates (month / year)

Name of Immediate Supervisor

From

To

Description of Duties

Salary Start

Salary End

Reason for Leaving

If currently employed, may we contact as a reference?

Yes

No

EMPLOYMENT REFERENCES

List individuals familiar with your job qualifications (no relatives or personal friends)	
Name	Daytime Telephone
	Evening Telephone
Address	
Relationship	How long known?
Name	Daytime Telephone
	Evening Telephone
Address	
Relationship	How long known?
Name	Daytime Telephone
	Evening Telephone
Address	
Relationship	How long known?

Please Read Carefully Before Signing This Form

Regardless of whether or not I become employed by Taylor County, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at Taylor County is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or Taylor County's, unless specifically provided otherwise in a written employment contract. I further understand that no County employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than the authorized officer or official of Taylor County, and then only by means of a signed, written document.

Applicant Name _____ **Date** _____

THANK YOU FOR YOUR INTEREST IN TAYLOR COUNTY

TAYLOR COUNTY

TO: ALL JOB APPLICANTS

Taylor County is an Equal Opportunity Employer, and, in order to comply with Federal and State information reporting requirements, you are requested to complete the information below.

This information is kept separate from your employment application and is used for information reporting only.

Male Female

WHITE: includes persons of Indo-European Descent, including Pakistan and East Indian.

BLACK: includes persons of African Descent as well as those identified as Jamaican, Trinidadian and West Indian.

HISPANIC: includes all persons of Mexican, Puerto Rican, Cuban, Latin American or Spanish Descent.

AMERICAN INDIAN: includes persons who identify themselves, or are known as such, by virtue of tribal association.

ASIAN AMERICAN: includes persons of Japanese, Chinese, Korean or Filipino Descent.

OTHER: includes Aleuts, Eskimos, Malaysians, Thais and others not covered by specific categories above.

APPLICANT NAME

POSITION APPLIED FOR

DATE COMPLETED

TAYLOR COUNTY

AUTHORIZATION TO RELEASE INFORMATION AND ACKNOWLEDGEMENT FOR EMPLOYMENT

I have carefully reviewed the job description for the position I have applied for. I certify that I completely understand the physical/mental requirements and the environmental factors of the job I am applying for. I certify that I am physically and mentally capable of performing the functions of the job I am applying for with or without the following accommodations (leave blank if no accommodations are necessary):

I have read the employment application and I completely understand each and every question asked. I certify that the answers given by me in the application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, my employment with Taylor County may be terminated. I agree that Taylor County shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

I also authorize pertinent former employers, companies, schools, agencies, municipalities or persons to give to Taylor County any information requested regarding my employment, character, experience and qualifications, and/or suitability for employment, including a check of my fingerprints, police record and background for purposes of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

I further understand that to ascertain my eligibility for employment I may be asked to undergo a physical examination, which may include substance abuse screening (drug testing), prior to employment with Taylor County. Refusal to participate in such examination will result in the rejection of my application.

A copy of this authorization is as valid as the original and should be recognized as such.

Applicant Name

Witness

Date