

# GILLESPIE COUNTY, TEXAS EMPLOYMENT APPLICATION



**For Internal Use Only ... Received application on:**

**AN EQUAL OPPORTUNITY EMPLOYER** Gillespie County complies with State and Federal Laws as to non-discrimination against any person in job structuring, recruitment, appointment, placement, training, upward mobility, discipline, or any other aspect of personnel administration based upon race, age, religion, color, disability, national origin, sex, political affiliation or belief, veteran status, or any other non-merit factor. Personnel decisions shall be made on the basis of occupational qualifications and job-related factors such as skill, knowledge, experience, and ability to perform functions of position applied for.

**APPLICATION MUST BE RECEIVED PRIOR TO APPLICATION CLOSING** A County Job Announcement will state contact information as to where employment application and job description will be made available, application closing, and contact information as to where application is to be submitted. Be thorough, as your answers may determine whether or not you will be interviewed or considered for the position applied for. Resumes may be attached as a supplement only to this application. Some positions by virtue of their job functions may require additional application forms to be completed and may require specific testing.

## PLEASE PRINT IN INK

<b>NAME</b> (As it appears on Social Security Card/Work Permit Card)	Last <span style="margin-left: 150px;">First</span> <span style="margin-left: 150px;">Middle</span>		
<b>MAILING ADDRESS</b>			
<b>PHYSICAL ADDRESS</b>			
<b>CITY, STATE, ZIP</b>			
<b>HOME TELEPHONE</b>	SECONDARY NUMBER		
<b>DAYTIME TELEPHONE</b>		ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>OTHER NAMES YOU HAVE USED:</b>			
<b>POSITION APPLIED FOR:</b>		<b>MIN. SALARY REQUIREMENTS:</b>	\$
<b>CHECK EACH TYPE OF WORK YOU WILL ACCEPT:</b>	<input type="checkbox"/> REGULAR FULL TIME <input type="checkbox"/> REGULAR PART TIME <input type="checkbox"/> TEMPORARY FULL or PART TIME	<b>DATE AVAILABLE:</b>	
<b>HAVE YOU EVER BEEN EMPLOYED BY GILLESPIE COUNTY?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <b>WHEN?</b> <b>DEPARTMENT:</b>			
<b>SUPERVISOR:</b>		<b>REASON FOR LEAVING:</b>	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT  <input type="checkbox"/> NO <input type="checkbox"/> YES <b>If Yes, provide location, date, charge and disposition of case(s) on page 4 Additional Info Section</b>	IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION  <b>DO YOU HAVE A VALID DRIVER'S LICENSE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO D.L.# _____ STATE _____	IF YOUR APPLICATION IS CONSIDERED YOU WILL BE REQUIRED TO COMPLETE A PERSONAL HISTORY FORM  IF HIRED, YOU WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES OF AMERICA	

In the case of applicants for positions with the County which require driving a vehicle, driving records may 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. Unsatisfactory results of a driving record check will be subject to disciplinary action up to and including discharge.



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## UNITED STATES MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

From: \_\_\_\_\_ To: \_\_\_\_\_  
Branch of Service Dates Served Type of Discharge

DD214 is required (please attach).

## 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			
COLLEGE or UNIVERSITY				1 2 3 4			
				1 2 3 4			
				1 2 3 4			
GRADUATE SCHOOL							

## TECHNICAL & OTHER SKILLS

TECHNICAL SKILLS	Name of Hardware/Software, if applicable	Your Proficiency
<b>Technical Software/Hardware Installation, Maintenance</b>	<b>Describe:</b> (attach additional sheets if necessary)	<b>Describe:</b> (attach additional sheets if necessary)
Word Processing		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Other		Multi-line Telephone <input type="checkbox"/> Yes <input type="checkbox"/> No
Typing/WPM _____	Calculator by touch <input type="checkbox"/> Yes <input type="checkbox"/> No	Copier/Fax Machine <input type="checkbox"/> Yes <input type="checkbox"/> No

## LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR

  

PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)	NAME	DATE	NAME	DATE

Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status

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## JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

## EMPLOYMENT HISTORY

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

**MAY WE CONTACT YOUR CURRENT EMPLOYER?  YES  NO**

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

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_

EMPLOYER \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_

START                      FINAL

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_

EMPLOYER \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_

START                      FINAL

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_

EMPLOYER \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_

START                      FINAL

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. 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 & RESPONSIBILITIES \_\_\_\_\_  
START FINAL

**In order to comply with the Nepotism Policy of Gillespie County, please list below if you and/or your spouse are related to any officer or employee of Gillespie County.**  
**If not applicable please write N/A.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL INFORMATION OR TRAINING THAT IS JOB RELATED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## REFERENCES

NAME _____  ADDRESS _____  CITY, STATE, ZIP _____  DAYTIME PHONE _____  RELATIONSHIP _____ <div style="text-align: right; font-size: small;">(No Relatives)</div>	NAME _____  ADDRESS _____  CITY, STATE, ZIP _____  DAYTIME PHONE _____  RELATIONSHIP _____ <div style="text-align: right; font-size: small;">(No Relatives)</div>
NAME _____  ADDRESS _____  CITY, STATE, ZIP _____  DAYTIME PHONE _____  RELATIONSHIP _____ <div style="text-align: right; font-size: small;">(No Relatives)</div>	NAME _____  ADDRESS _____  CITY, STATE, ZIP _____  DAYTIME PHONE _____  RELATIONSHIP _____ <div style="text-align: right; font-size: small;">(No Relatives)</div>

## EMERGENCY CONTACT (optional)

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



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## AUTHORIZATION and AGREEMENT

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 Gillespie 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. I will be 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, the County is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Amendment Act of 2008 as may amended. 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 County Treasurer Office.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests which may include a fitness for duty examination, psychological exam, a drug screen. These examinations will be conducted by providers of the County's selection. I understand that a positive result from the drug screen may 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 Department of Homeland Security.

I understand that this application remains current for 180 days. At the conclusion of that time, if I have not heard from Gillespie County and still wish to be considered for employment, it will be necessary to reapply 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 my location for work, wage, 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. Gillespie 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 \_\_\_\_\_

**THE INFORMATION BELOW IS SUBMITTED FOR MY BACKGROUND INVESTIGATION**

Date of Birth: \_\_\_\_\_ Texas Driver License Number: \_\_\_\_\_

**PLEASE PROVIDE COPY OF CURRENT DRIVER LICENSE WITH APPLICATION**

The position for which I am applying requires a criminal and/or comprehensive background check. 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 Gillespie County to consider in determining my suitability for employment.

### Return Application To:

**GILLESPIE COUNTY ATTORNEYS OFFICE  
GILLESPIE COUNTY ANNEX #1  
125 West Main Street Suite L41  
Fredericksburg, TX 78624  
Or FAX to 830-992-2615  
Email to [countyattorney@gillespiecounty.org](mailto:countyattorney@gillespiecounty.org)**

Thank you for your interest in employment opportunities with Gillespie County, Texas.