



DEPARTMENT OF HUMAN RESOURCES

500 Quarry Street, Suite 1
 EAGLE PASS, TEXAS 78852
 Office: 830-752-4489 Fax: 830-757-0763

APPLICATION FOR EMPLOYMENT

Please Print Clearly

Position(s) Applied For:	Date of Application:
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Last Name:	First Name:	Middle Name:
Mailing Address:	City:	State: Zip Code:
Telephone No.:	Social Security Number:	Driver's License Number and State Issued:
Date Available for Employment:	E-mail Address:	

Personal Information

Are you currently employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever worked for Maverick County?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, when? _____	
Are you a citizen of the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If no, are you authorized to work in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of a felony or any offense involving moral turpitude?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain. _____	
Have you received probation, deferred adjudication, pleaded no contest, or served time in prison?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain. _____	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education and Background

List High School, GED, College and University Information.

Name of Institution	Location	Date of Graduation	Type of Degree Or Diploma

Professional Data

List specific skills, and/ or any machine or equipment you can operate: _____

List specific licenses and/ or certification held: _____

State any additional information you feel may be helpful to us in considering you application: _____

Employment Experience

Start with your present or last job.			
Employer:		Telephone Number:	
Address:		Supervisor:	
Job Title and Responsibilities:			
Dates Employed:		Start:	End:
		Reason for Leaving:	
May we contact your previous supervisor for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Employer:		Telephone Number:	
Address:		Supervisor:	
Job Title and Responsibilities:			
Dates Employed:		Start:	End:
		Reason for Leaving:	
May we contact your previous supervisor for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Employer:		Telephone Number:	
Address:		Supervisor:	
Job Title and Responsibilities:			
Dates Employed:		Start:	End:
		Reason for Leaving:	
May we contact your previous supervisor for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Military Service

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, please explain:		

References

Please list three professional references.	
Full Name:	Relationship:
Address:	Phone Number:

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Applicants Statement

I hereby affirm that all information provided is true and correct.

I authorize Maverick County to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I further understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the County is of an "at will" nature, which means the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Maverick County.

I also understand that employment based upon information contained on this application which later proves to be false or incomplete shall result in termination of employment.

Signature: _____ Date: _____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, or any other legally protected statutes.
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DEPARTMENT OF HUMAN RESOURCES

NEPOTISM STATEMENT

<p>County Judge</p> <p>County Commissioners</p> <p>County Elected Officials</p>

I, _____, hereby attest or affirm that (check one) I am I am not related to the County Judge/ County Commissioners or Elected Officials of Maverick County within three degrees of consanguinity (blood relation) or by two degrees of affinity (marriage).

I fully understand that any false information contained here will be just cause for the immediate termination of my employment in this position.

Signature of Applicant _____ Date: _____

These illustrations depict the relationship that violates the nepotism law.

CONSANGUINITY (Blood)

First Degree	Parent	Child	Sister/ Brother	
Second Degree	Grandparent	Grandchild	Aunt/ Uncle	Niece/ Nephew
Third Degree	Great Grandparent	Great Grandchild		

AFFINITY (Marriage)

County Judge/ County Commissioners/ Elected Officials spouse is the prospective employee or
 County Judge/ County Commissioners/ Elected Officials spouse is prospective employees or
 Prospective employee's spouse is

First Degree	Parent	Child	
Second Degree	Grandparent	Grandchild	Sister/ Brother

Note: The spouses of two persons related by blood are not by the fact related. The affinity chart supposes only on affinity relationship between the County Judge/ County Commissioners/ Elected Officials and prospective employee through either of their spouses.



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EMPLOYMENT REFERENCE

SECTION 1. TO BE COMPLETED BY THE APPLICANT:
UPON COMPLETING THIS SECTION, PLEASE FORWARD TO A FORMER SUPERVISOR.

Applicant's Name: _____ Date: _____

Position for which you are applying: _____

Reference Name: _____ Relationship: _____

Address: _____ Telephone Number: _____

AUTHORIZATION STATEMENT

I have applied for employment with Maverick County and I authorize the County to collect information, either orally or in writing, pertaining to my past performance and qualifications. I will not hold you or Maverick County liable for supplying any such information concerning my employment. Thank you for your assistance.

Signature

Date

CHARACTERISTICS	STRONG	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
General appearance, appropriate dress, grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exercises good judgment in absences from work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accepts constructive criticism and supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Communicates information effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Demonstrates good judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Performs duties as assigned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Works without supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reports to work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Provides support and assistance when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Supports departments initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is receptive to new ideas and changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
How long have you known the applicant? _____				
Would you recommend the applicant for the position desired?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

Signature _____ Date _____ Position/ Title _____
 PLEASE MAIL REFERENCE TO THE DEPARTMENT OF HUMAN RESOURCES AT THE ADDRESS LISTED ABOVE.
 THANK YOU FOR YOUR COOPERATION AND ASSISTANCE.



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