

APPLICATION FOR EMPLOYMENT

COUNTY OF BEE, TEXAS

An Equal Opportunity Employer



(Please Print) PERSONAL DATA

Date:			

Name:			
Last Name	First Nam	e	Middle Name
Address:			
Street or Mailing Address	City	State	Zip Code
Phone Numbers: ()	()		
Home	Cel	I	Social Security Number
Person to notify in case of emergency:			
	Name	Address	Phone Number
Are you employed now?Yes	No May we c	ontact your present en	nployerYesNo
Position(s) Applying for:	When w	vould you be available	for work?:
De veu desirer Full time (Dert time	ll time only Dort	time only Tomp	Even stad Salam, Č
Do you desire: Full time/Part time Fu	in time only Part	time only remp	Expected Salary \$
Have you filed an application with the county be	efore? If yes, give	e date(s) Wh	at Department?
Have you been employed with the county befor	e? If ves give dat	e(s) What D)epartment?
have you been employed with the county below		() What b	
Do you have any relatives who work for Bee C	County? If ye	es, give name and their po	osition
Have you ever been convicted of a felony?	If ves please p	rovide date(s) and details	
		ualify you from considerat	
If the position for which you are applying requires the	e operation of a motor vel	nicle, do you have a current Te	exas Driver's License?
If yes: License No Class	CDL End	orsements	Restrictions:
Are you at least 18 years old?Yes	_No if no, wh	at is your age	

MILITARY SERVICE RECORD

Have you served in Military Service	_ Branch	Dates	
Do you have a civil service status?	If yes, give status		
	Job Title	Rating	
Honorable Discharge YesNo	Rank at Discharge		

EDUCATION AND TRAINING

School	Name and Location of School	Years Completed	Hours Completed	Major Field	Degree Received
Elementary					
High School					
College					
Other (specify)					

EMPLOYMENT EXPERIENCE: List all work history. Start with your present or last job and work backwards.				
Employer:	Dates: From	То:		
Address:	Job Duties:			
Job Title:				
Supervisor:				
Reason for Leaving:	Salary: Starting:	Ending:		
Employer:	Dates: From	То:		
Address:	Job Duties:			
Job Title:				
Supervisor:				
Reason for Leaving:	Salary: Starting:	Ending		
Employer:	Dates: From	То:		
Address:	Job Duties:	•		
Job Title:				
Supervisor:]			
Reason for Leaving:	Salary: Starting:	Ending:		

Please use attached sheet, as necessary

SKILLS AND QUALIFICATIONS: List any office equipment, software, special training, interests, career goals, or other data you wish to provide.

REFERENCES: List three persons not related to you who are qualified to describe your capabilities for the position you are seeking.

Name	Address	Phone

I solemnly swear (or affirm) that the foregoing statements made by me are TRUE and correct to the best of my knowledge. I understand that any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal, or if employed, termination from my position with Bee County.

Date:	Signature of Applicar	nt
	DO NOT WRITE BEL	OW THIS LINE
Arrange interview:Yes	No	
Interviewers Remarks:		
Employed: Yes	_No	Date of Employment:
Job Title:		Department:
Salary Range: \$		Group and Step:
Authorized:		Date:
Title:		

Nepotism Form

Please list any public officials, department heads, or supervisors whom you are related to in the degree established by the attached chart:

1.	
2.	
3.	
4.	
6.	
7.	
8.	
9.	
10.	

I attest that the list above contains all relatives within the degree established by the attached chart.

Signed by: _____

Printed Name: _____

Date: _____

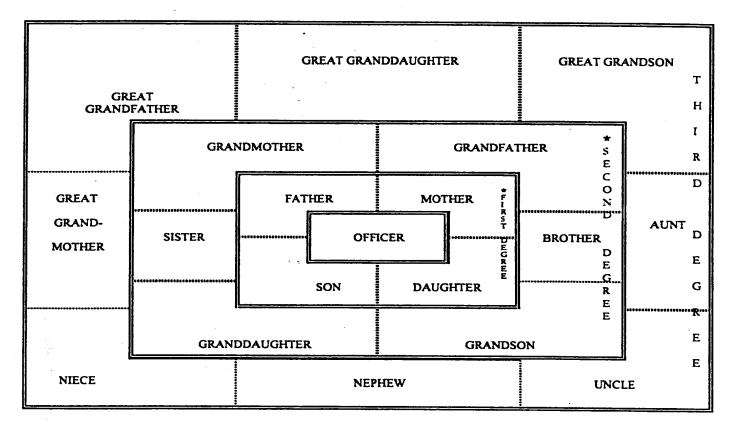


FIGURE 1 – CONSANGUINITY KINSHIP CHART

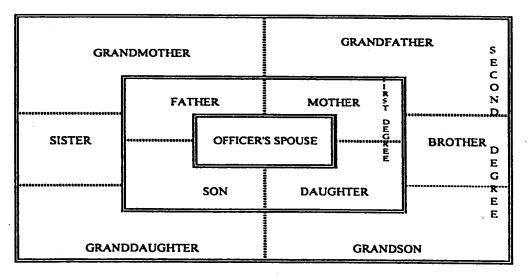


FIGURE 2 - AFFINITY KINSHIP CHART

★Spouses of relatives within the first or second degree of consanguinity (i.e., son-in-law, mother-in-law, brother-in-law, sister-in-law, etc.) are also included in the prohibition.

8/13/00

APPLICATION FOR EMPLOYMENT

COUNTY OF BEE, TEXAS

I understand that I may be subject to a physical and/or a drug screen. I hold Bee County harmless in connection with such screenings.

Name

Date

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, ______, have been notified that a Computerized Criminal APPLICANT or EMPLOYEE NAME (Please print) History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on <u>name and DOB</u> identifiers 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 conducting the criminal history check for background screening is not allowed to discuss <u>any</u> criminal history record information obtained using the <u>name and DOB</u> method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the <u>name and DOB</u> search.

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 make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment 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)

Date						
Agency N	lame (Please print)			
Agency R	lepresei	ntative Name	e (Ple	ease prin	t)	

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

Rev. 02/2011

Date