



APPLICATION FOR EMPLOYMENT

Rains County Human Resources
 220 W. Quitman St, Ste. A
 Emory, TX 75440
 Phone: (903) 473-5000 ext. 111
 Fax: (903) 473-5065

PERSONAL DATA: (Please print in black or blue ink. Resumes will not be accepted in lieu of applications)

Last Name		First	Middle	Date
Physical Address				Home Telephone
Mailing Address				Work Telephone
City	State		Zip	Email Address
Position applied for				Social Security Number
Salary expected	Date available for work	Do you possess a valid driver's license?		Driver's license number, State and Type of license
Have you ever been convicted of a criminal act? Yes or No				
If yes, please explain:				
Are you a citizen of the United States or are you lawfully admitted for residence in the United States: Yes or No				
Circle types of employment you will accept:				
Schedule: Full Time		Part Time	Temporary	Shift: Day Morning Afternoon Midnight Any
List all relatives who are elected officials or county employees below. Include relatives by blood and marriage. Write on back if necessary.				
Name	Relationship		Job Title	Department

EDUCATION: (Applicants may be required to provide proof of diploma, degree, transcripts, licenses or certificates)

Type of School	Name and location of school	Course of study	Hours completed	Type of degree	Did you graduate?
High School					
College or University					
Technical, Vocational or Business Schools					

MILITARY SERVICE: Are you a Veteran? Yes or No

Branch of Service	Dates of Service	Type of Discharge	Rank at Discharge	Specialties

RELEVANT TRAINING/CERTIFICATIONS/SKILLS: (i.e. Welding, Heavy Equipment Operator, Typing, Computer experience, etc.)

EMPLOYMENT: (This section must be completed. A resume alone is not acceptable)

Present or Last Employer:		Immediate Supervisor:			
Telephone:		May We Contact? Yes or No If no, why?			
Mailing Address:		Starting Date	End Date	Full Time	Hours Worked Per Week:
City/State/Zip Code:		Month Year	Month Year	Part Time Seasonal	
Position:		Starting Pay \$		Ending Pay \$	
Duties and Responsibilities:			Reason for Leaving:		

Present or Last Employer:		Immediate Supervisor:			
Telephone:		May We Contact? Yes or No If no, why?			
Mailing Address:		Starting Date	End Date	Full Time	Hours Worked Per Week:
City/State/Zip Code:		Month Year	Month Year	Part Time Seasonal	
Position:		Starting Pay \$		Ending Pay \$	
Duties and Responsibilities:			Reason for Leaving:		

Present or Last Employer:		Immediate Supervisor:			
Telephone:		May We Contact? Yes or No If no, why?			
Mailing Address:		Starting Date	End Date	Full Time	Hours Worked Per Week:
City/State/Zip Code:		Month Year	Month Year	Part Time Seasonal	
Position:		Starting Pay \$		Ending Pay \$	
Duties and Responsibilities:			Reason for Leaving:		

REFERENCES:

Name:	Address:	Telephone:	Occupation:

READ CAREFULLY BEFORE SIGNING

I hereby certify the statements made and answers given by me, to the questions on this form, are true and correct and there are no omissions. I understand that any evasion, untruthful statement, answer or omission shall be sufficient cause for discharge at any time. If any information is needed, applicant agrees to sign Release of Medical Information Form. I hereby request and authorize the companies or persons shown under "Employment History" or other interested parties not necessarily named in the foregoing application, to furnish Rains County any information regarding my employment by them, together with any information they may have regarding me, including motor vehicle, military or criminal records, financial status and general reputation, and I hereby release such companies or person, Rains County, its management and appointed or elected officials from all liability, claims and damages in connection with the furnishing of such information. I further acknowledge that my employment may be terminated and any offer for employment, if such is made, may be withdrawn with or without cause, at the option of Rains County or myself. I further acknowledge that the foregoing completed application form does not in any way constitute a contract of employment.

REFERENCE CHECK AUTHORIZATION

I hereby request and authorize all persons, schools, companies, credit bureaus, corporations, law enforcement agencies and educational institutions to furnish Rains County with any information regarding my employment, together with any information they may have regarding me, including motor vehicle, military or criminal records. This authorization is to release said organization(s) and individual(s) from all liability, claims and damages in connection with the furnishing of such information.

Failure to disclose any medical condition that would hinder or prevent you from performing the essential functions of the job(s) which you are applying, without a reasonable accommodation, may result in separation of employment.

CONSENT OF PHYSICAL EXAMINATION AND DRUG TESTING

If an offer of employment is made, I hereby consent to a physical examination and drug testing as a requirement for employment with Rains County. I further acknowledge this testing does not in any way constitute a contract for employment.

Printed Name

Date

Signature