

FOR OFFICE USE ONLY	
POSSIBLE WORK LOCATIONS	POSSIBLE POSITIONS

APPLICATION FOR EMPLOYMENT

SOMERVELL COUNTY

FOR OFFICE USE ONLY	
Work Location _____	Rate _____
Position _____	Date _____

APPLICANT INFORMATION

Date _____

Name _____ Social Security No. _____
Last First Middle

Present Address _____
No. Street City State ZIP

State Age if under 18 _____ Telephone No. _____

Are you legally eligible for employment in the U.S.A? _____

Position(s) applied for _____ Rate of pay expected \$ _____ per week

Would you work Full-Time _____ Part-Time _____ Specify days and hours if part-time _____

Where you previously employed by us? _____ If yes, when? _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with Somervell County?

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary			5	6	7	8	<input type="radio"/> Yes <input type="radio"/> No	
High			1	2	3	4	<input type="radio"/> Yes <input type="radio"/> No	
College			1	2	3	4	<input type="radio"/> Yes <input type="radio"/> No	
Other Specify			1	2	3	4	<input type="radio"/> Yes <input type="radio"/> No	

JOB HISTORY Please list all previous employment, beginning with your last employer:

Name and Address of Company and Type of Business	From	To	Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo. Yr.	Mo. Yr.					
Telephone							
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	Mo. Yr.	Mo. Yr.					
Telephone							

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

MILITARY SERVICE RECORD

Where you in U.S. Armed Forces? Yes _____ No _____ If yes, what Branch? _____

Dates of duty: From _____ to _____ Rank at discharge _____
Month Day Year Month Day Year

List duties in the service including special training _____

Have you taken any training under the G.I. Bill of Rights? _____ If yes, what training did you take? _____

Please answer the question listed below:

1. Are you related to anyone currently working for Somervell County Yes_____ No_____

If the answer to No. 1 was YES, please list the person or persons to whom you are related and what relation you are to the employee:

NAME	RELATIONSHIP

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

Signature, of Applicant