



KARNES COUNTY APPLICATION FOR EMPLOYMENT

Karnes County is an equal opportunity employer. Karnes County does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

Incomplete information could disqualify you from further consideration. Please complete all fields.

PLEASE PRINT

DATE

Name	Phone No.
Address	
Email Address	
All applicants for employment must be at least 18. Can you submit proof of age after employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been terminated from employment or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide company names and details _____	
Has Bond ever been refused? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:	
Are you related by blood or marriage to any employee? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, state name and relationship of relative)	
REFERRED BY:	Are you legally eligible for employment in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No State of Issue _____	
Have you ever been employed with KARNES COUNTY before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	
Are you currently employed? <input type="checkbox"/> If so may we inquire of your present employer? _____	

EDUCATION

	NAME AND LOCATION	SUBJECTS STUDIED/MAJOR	DEGREE RECEIVED
High School			
College/University			
Trade, Business, Correspondence School or Other			

PREVIOUS EMPLOYMENT

Provide employer information for the last 7 years and any other work history you feel is relevant to the position you have applied for. List below present and past employment, beginning with your most recent. Attach extra sheets if necessary.

Employer Name and Address	From		To		Annual Starting Salary	Annual Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Telephone								

Employer Name and Address	From		To		Annual Starting Salary	Annual Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Telephone								

Employer Name and Address	From		To		Annual Starting Salary	Annual Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Telephone								

REFERENCES

Please list two references other than relatives or previous employers. Additional references may be provided.

Name	Name
Position	Position
Company	Company
Address	Address
Telephone	Telephone

MACHINES OPERATED

MACHINERY OPERATED *(If applicable)*

Personal Computer <input type="checkbox"/> Yes <input type="checkbox"/> No Typewriter <input type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM 10-key <input type="checkbox"/> Yes <input type="checkbox"/> No Fax Machine <input type="checkbox"/> Yes <input type="checkbox"/> No Copy Machine <input type="checkbox"/> Yes <input type="checkbox"/> No Scanner <input type="checkbox"/> Yes <input type="checkbox"/> No	Dump Truck <input type="checkbox"/> Yes <input type="checkbox"/> No Back Hoe <input type="checkbox"/> Yes <input type="checkbox"/> No Motor Grader <input type="checkbox"/> Yes <input type="checkbox"/> No Paving Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No Front End Loader <input type="checkbox"/> Yes <input type="checkbox"/> No Brush Cutter <input type="checkbox"/> Yes <input type="checkbox"/> No Lawn Mower <input type="checkbox"/> Yes <input type="checkbox"/> No Edger <input type="checkbox"/> Yes <input type="checkbox"/> No Weed Eater <input type="checkbox"/> Yes <input type="checkbox"/> No
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Type of Employment/Position Desired:	
Date available:	Starting Salary Desired:
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____	
Can you work overtime, including weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In case of emergency, notify:	
Name:	Address: Phone:

**Additional sheets may be used if necessary.*

List specialized training, skills, and extracurricular activities:

Honors Received:

Please list any additional information you feel may be helpful in considering your application for employment:

Please Read Carefully: Employment with Karnes County shall be considered “at will” employment. No contract of employment shall exist between any individual and Karnes County for any duration, either specified or unspecified. Karnes County shall have the right to terminate the employment of any employee for any legal reason, or no reason, at any time either with or without notice. Karnes County shall also have the right to change any condition, benefit, policy, or privilege of employment at any time, with or without notice. Employees of Karnes County shall have the right to leave their employment with the County at any time, with or without notice. This employment application is not intended to be an employment contract or offer.

If applying for a position that will require driving a county vehicle, insurability is a requisite for hire. If you should become uninsurable after hire, you will be subject to immediate termination.

Any applicant tentatively selected for any position will be required to submit to testing to screen for illegal drug and/or alcohol use prior to employment.

PRE-EMPLOYMENT STATEMENT

I authorize KARNES COUNTY to make any inquiries they desire regarding my education, employment, ability, habits and personal character for the purpose of determining my fitness for employment. I also authorize previous employers, or any other persons to whom the County may refer, to give any and all information regarding my employment or scholastic record together with any information, personal or otherwise, and I hereby release such persons, and any companies which they represent, from all liability or any damages whatsoever in connection with their compliance. I understand that misrepresentation or omission of any fact or circumstance called for in this application which would affect my application unfavorably, or receipt of unsatisfactory references, will be sufficient cause for termination without liability to me for salary except as may have been earned at the time of my termination.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.