

# GOLIAD COUNTY APPLICATION FOR EMPLOYMENT

## *WE ARE AN EQUAL OPPORTUNITY EMPLOYER*

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status. The presence of non-job-related medical condition or disability, or any other legally protected status.

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Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

\_\_\_\_\_  
Last Name      First Name      Address      City      State      Zip

\_\_\_\_\_  
Home phone number      Cell phone number      Email address

Employment applicants must be at least 18 years of age – can you submit proof of your age after employment?      Yes      No

Have you ever been employed here before?      Yes      No      Date: \_\_\_\_\_

Are you currently employed?      Yes      No

May we contact your present employer?      Yes      No

Are you legally eligible for employment in this country?      Yes      No

Are any of your relatives employees of Goliad County?  
If so, who and which departments? \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full Time      \_\_\_\_\_ Part Time      \_\_\_\_\_ Shift Work      \_\_\_\_\_ Temporary

Are you currently on lay off status and subject to recall?      Yes      No

Can you travel if the job requires it?      Yes      No

Have you ever been convicted or placed on probation for charges greater than a Class B Misdemeanor?      Yes      No

Have you ever been convicted or placed on probation in the last 10 years for a Class B Misdemeanor?      Yes      No

Have you ever been convicted of a family violence offense?      Yes      No

Are you currently under indictment for any criminal offense?      Yes      No  
(Disclosures do not automatically disqualify for employment.)

**EMPLOYMENT EXPERIENCE**

Start with you present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

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(1) \_\_\_\_\_  
Employer Address

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_ Hourly rate/Salary Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

(2) \_\_\_\_\_  
Employer Address

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_ Hourly rate/Salary Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

(3) \_\_\_\_\_  
Employer Address

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_ Hourly rate/Salary Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment or other experience:

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**EDUCATION:**    School Name & Location    Years Completed    Diploma/Degree

High School \_\_\_\_\_

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College \_\_\_\_\_

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Describe courses of study. \_\_\_\_\_

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Describe any specialized training, apprenticeship, skills or extra curricular activities. \_\_\_\_\_

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Describe any honors you have received. \_\_\_\_\_

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State any additional information you feel maybe helpful to us in considering your application. \_\_\_\_\_

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Indicate any foreign languages you can speak, read and/or write. \_\_\_\_\_

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List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status. \_\_\_\_\_

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**REFERENCES**

Give name, address and telephone number of three references who are not related to you and are not previous employers:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Are you a veteran of the United States Military Service?            Yes    No

Type of Discharge: \_\_\_\_\_            Dates: \_\_\_\_\_

**APPLICANT'S STATEMENT**

I certify that answers given are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at this time.

I hereby acknowledge that any employment relationship with Goliad County is an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without notice. It is further understood 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 elected official of the county.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Date