

COUNTY OF BEXAR

Application for Employment



Civil Service Office ▪ 100 Dolorosa ▪ Suite 201 ▪ San Antonio, Texas 78205 - 3036
(210) 270-6333 Recorded List of Openings
(210) 335-2549 Civil Service Office
Web Site: www.co.bexar.tx.us

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Web Site: 10/2/00

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION SURVEY
COMPLETION OF THIS FORM IS VOLUNTARY

Federal and state laws prohibit discrimination because of race, religion, color, age, sex, national origin, ancestry, political beliefs, or disability.

The County of Bexar requests the following information to help comply with government record keeping and reporting in connection with our affirmative action responsibilities. This confidential form will be detached from your application before being forwarded to the hiring officials. This information will have no bearing upon the process of considering you for employment.

Please print in ink or type and complete all information in boxes 1 through 3. Instructions are provided for each box. Please ask for additional help, if needed.

Please print your LAST name, FIRST name, MIDDLE initial and social security number in the space below.

1. _____
LAST Name FIRST Name MIDDLE Initial Social Security Number

Please print today's date and the title of the position(s) for which you are applying for in the space below.

2. Today's Date: _____ Title of Position(s): _____

3. Please complete the information below.

Gender: Please place a ✓ in the box below that corresponds with your gender.
 Male Female

Ethnic Origin: Please place a ✓ in the box below that corresponds with your ethnic origin. **Mark only one (1) item.**
 White Black Hispanic Asian Native American Other

Age: Please place a ✓ in the box below that corresponds with your age.
 YES, I am 40 years old or older NO, I am not 40 years old or older

Physical Condition: Please place a ✓ in the box below that corresponds with your ability to perform the essential functions of the position without reasonable accommodations.
 Disabled Not Disabled
If you have a disability and need reasonable accommodation in order to perform the essential functions of the position for which you are applying, please make your request known to the ADA Coordinator.

Veteran Status: Not a Veteran World War II Korean Conflict
 Vietnam Era Desert Shield/Desert Storm Other

Application Source: How did you hear about us?
 Job Fair Television/Radio: _____
 Walk-in Internet _____
 School/College/University Texas Workforce Commission
 Bexar County Recruiter Newspaper: _____
 Bexar County Web Site Magazine: _____
 Bexar County Job Line Other _____
 Bexar County Employee: _____



APPLICATION FOR EMPLOYMENT

Name: _____ Social Security Number: _____
Last Name First Name Middle Initial

Current Address: _____
Street Address City State Zip

SPECIFIC POSITION(S) APPLYING FOR: _____ Home Phone: (____) _____
Work Phone: (____) _____

EDUCATION

Circle the highest grade completed: GED 9 10 11 12 Associate's Bachelor's Master's PHD

High School Name:	Field of Study	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	City, State	
College, Name/Vocational/Technical School:	Field of Study	Degree or No of Semester Hours:	City, State	Year Graduated:
College Name/Vocational/Technical School:	Field of Study	Degree or No of Semester Hours:	City, State	Year Graduated:

JOB RELATED SKILLS - OFFICE

Typewriter: _____ WPM Word Processor/PC: _____ WPM	Calculator: _____ by Touch _____ by Sight Dictation Machine: _____ WPM	Data Entry/CRT: _____ WPM Length of time: _____ Yrs. _____ Months 10-Key: _____ SPM Length of time: _____ Yrs. _____ Months
Word Processing Software Experience List Software: _____ Length of time: _____ Yrs. _____ Months	Word Processing Software Experience List Software: _____ Length of time: _____ Yrs. _____ Months	Spreadsheet/Database Software Experience: List Software: _____ Length of time: _____ Yrs. _____ Months
OTHER (Machines or Equipment) State number of years of experience	OTHER (Skills or Abilities) State number of years of experience	OTHER (Training, Licenses, or Certificates)

JOB RELATED SKILLS – LABOR AND TRADES

Types of Vehicles Proficient in Operating:	Types of Machinery Proficient in Operating:	Other Skills:
Languages spoken other than English: ➡	Language: _____ Language: _____	Fluent: <input type="checkbox"/> Yes <input type="checkbox"/> No Fluent: <input type="checkbox"/> Yes <input type="checkbox"/> No

BACKGROUND

Are you eligible to work in the United States? Yes No

Have you ever been employed by Bexar County? Yes No If yes, when? _____ to _____ Department: _____

If a relative works for Bexar County, please state their full name: _____ Relationship: _____

State the department and position of the relative working for Bexar County: _____

Have you been convicted of a felony? Yes No Date of conviction: _____ City: _____ State: _____
Attach a list of all felony convictions within the last five years. _____ mo/day/yr

If the job for which you are applying requires driving, complete the next seven questions: 1. Driver's License #: _____
2. Type: _____ 3. State: _____ 4. Exp. Date: _____ 5. Endorsements: _____ 6. Restrictions: _____
7. Attach a list of the type and date of all traffic violations within the last 5 years, excluding non-moving violations.

FOR OFFICIAL USE ONLY

Certified by Civil Service if Applicable: _____ Date Submitted: _____

EMPLOYMENT HISTORY

This section **MUST BE COMPLETED** even if you are attaching a resume. Since every effort will be made to contact current and previous employers, *correct telephone numbers are important.* Volunteer or internship work may also be included.

CURRENT OR MOST RECENT EMPLOYER: _____

_____ (_____) _____
 Address City State Zip Code Telephone Number

Date Employed: From _____ to _____

Job Title Supervisor's Name

Full Time Part Time Salary: \$ _____ hour/year If currently employed, may we contact your supervisor? Yes No

Duties: _____

Reason for Leaving: _____

CURRENT OR MOST RECENT EMPLOYER: _____

_____ (_____) _____
 Address City State Zip Code Telephone Number

Date Employed: From _____ to _____

Job Title Supervisor's Name

Full Time Part Time Salary: \$ _____ hour/year If currently employed, may we contact your supervisor? Yes No

Duties: _____

Reason for Leaving: _____

CURRENT OR MOST RECENT EMPLOYER: _____

_____ (_____) _____
 Address City State Zip Code Telephone Number

Date Employed: From _____ to _____

Job Title Supervisor's Name

Full Time Part Time Salary: \$ _____ hour/year If currently employed, may we contact your supervisor? Yes No

Duties: _____

Reason for Leaving: _____

REFERENCES

Please list two (2) references with current names, addresses, phone numbers and their relationship to you. Work references preferred.

CERTIFICATION

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I authorize Bexar County to conduct a background investigation pertaining to my suitability for employment, which may include a criminal history check. I hereby release said companies, schools or persons from all liability for any damage of issuing this information. I understand and agree that any misleading or incorrect statements or omissions may render this application void, and if employed, would be cause for termination and this employer shall not be liable in any respect for such action or termination. As an applicant for employment with Bexar County, I understand, if hired, I must comply with the employee Drug and Alcohol Policy. Additionally, I agree to submit to a pre-employment drug screening test if requested or required by Bexar County. Every male who is a least 18 years old, but has not yet attained the age of 26 years, and is offered employment with Bexar County, shall as a condition of employment, submit documentation evidencing his registration or exemption from registration from the Federal Selective Service System.

_____ Date

Applicant's Signature

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