

# BRAZORIA COUNTY

## EMPLOYMENT APPLICATION

### APPLY AT:

**Brazoria County Courthouse  
Human Resources Department  
111 E. Locust, Suite 507A  
Angleton, Texas 77515**

**Telephone: 979/864-1809**

**Fax: 979/864-1035**

**Job Line: 979/864-1023**

**E-mail: <http://www.brazoria-county.com/hr/openings.htm>**

*Brazoria County is a drug/alcohol free workplace. All applicants are subject to a drug/alcohol screen prior to beginning employment.*

**Job Applying For:**

**Your Name:**

**Date of Application:**

**Referred By:**

**Brazoria County is an Equal Opportunity Employer. It is the policy of the County to provide equal opportunity for all employees and applicants for employment without discrimination in regard to race, color, religion, disability, national origin, sex or age. This policy extends to hiring, training, promotion, discipline, transfer, termination and all other terms and conditions of employment.**

**INSTRUCTIONS**

**ALL APPLICATIONS FOR EMPLOYMENT MUST BE MADE ON THIS FORM. RESUMES WILL BE ACCEPTED AS A SUPPLEMENT TO THIS FORM BUT NOT IN PLACE OF IT.**

**APPLICANTS MAY VOLUNTARILY COMPLETE SUPPLEMENT "A" (EEO SELF-IDENTIFICATION FORM) TO THE APPLICATION FORM. THE INFORMATION PROVIDED WILL BE STORED IN A CONFIDENTIAL FILE AND USED SOLELY FOR STATISTICAL REPORTING PURPOSES TO GOVERNMENTAL AGENCIES.**

**APPLICANTS FOR LAW ENFORCEMENT POSITIONS MUST COMPLETE SUPPLEMENT "B" TO THE APPLICATION FORM.**

**PLEASE FILL OUT THIS FORM COMPLETELY, USING BLACK OR BLUE INK. IF QUESTIONS ARE NOT APPLICABLE, ENTER "NA". FOR ADDITIONAL WRITING SPACE, USE PAGE 10 OF THIS FORM.**

**SHOULD YOU HAVE ANY QUESTIONS CONCERNING ANY PART OF THIS FORM, PLEASE CONSULT A MEMBER OF THE HUMAN RESOURCES DEPARTMENT.**

**AS AN INSERT TO THIS FORM, THE "APPLICANT PROCEDURE" DOCUMENT PROVIDES ADDITIONAL INFORMATION TO HELP GUIDE YOU THROUGH THE APPLICATION PROCESS AND STEPS FOR BECOMING AN EMPLOYEE OF THE COUNTY.**

**ALL INFORMATION SUBMITTED IS SUBJECT TO VERIFICATION. A FALSE, MISLEADING OR INCOMPLETE ANSWER WILL RESULT IN DISQUALIFICATION.**

**THIS APPLICATION FORM BECOMES PUBLIC RECORD AND IS SUBJECT TO DISCLOSURE UNDER THE TEXAS OPEN RECORDS ACT.**

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

How long have you lived at this address? \_\_\_\_\_ If less than three years, where did you  
live previously? \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

Present home telephone no. \_\_\_\_\_ Present work telephone no. \_\_\_\_\_  
(Area Code) (Area Code)

May we contact you at work? \_\_\_\_\_ Pager and/or cellular no. (specify) \_\_\_\_\_

E-mail address \_\_\_\_\_ Date available to begin work \_\_\_\_\_

Type of employment desired  Full-time  Part-time  Temporary  Summer Only

Has Brazoria County previously employed you? \_\_\_\_\_ If "yes", when? \_\_\_\_\_  
(Month/Year to Month/Year)

Name \_\_\_\_\_ Initials \_\_\_\_\_  
(Last) (First) (Middle)

Have you previously made application for employment with Brazoria County? \_\_\_\_\_ If "yes",

When? \_\_\_\_\_ Do you or does your spouse have any relatives who are employed by

Brazoria County? \_\_\_\_\_ If "yes", give name(s) and relationship(s) \_\_\_\_\_  
(NOTICE: State law prohibits the hiring of relatives of elected and appointed officials under certain circumstances)

Are you under 18? \_\_\_\_\_ If "yes", what was your date of birth? \_\_\_\_\_  
(NOTICE: A federal law Certificate of Age is required for the employment of a minor that is 16 or 17 years of age)

Are you legally authorized to work in the United States? \_\_\_\_\_  
(NOTICE: federal law requires completion of INS Form I-9 prior to beginning employment)

Are you able to perform the functions of the job for which you are applying, with or without

Reasonable accommodation? \_\_\_\_\_ If "no", how would you perform the functions and with

what accommodation(s)?

\_\_\_\_\_  
(NOTICE: To assist you in making this determination, you will be provided with a copy of the Position Description)

Can you be expected to comply with the regular work schedule and attendance requirements of the

Job for which you are applying? \_\_\_\_\_ If "no", please explain \_\_\_\_\_

Will you work overtime if required? \_\_\_\_\_ If "no", please explain \_\_\_\_\_

What is your desired salary range? \_\_\_\_\_ Have you ever been bonded? \_\_\_\_\_

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime since attending the age

18? \_\_\_\_\_ If "yes", please provide date(s) and details \_\_\_\_\_

\_\_\_\_\_  
(NOTICE: Answering "yes" to this question, except for positions where disqualification  
Is specified by law, will not necessarily bar you from employment. Factors such as date of offense, seriousness and nature of the  
Violation, rehabilitation achieved and position applied for will be taken into consideration)

List any other names you have used if different from name given on this application \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Issuing State \_\_\_\_\_ Are you bilingual? \_\_\_\_\_

If "yes", in what language(s) are you fluent? Speak \_\_\_\_\_ Write \_\_\_\_\_

**EDUCATION/TECHNICAL TRAINING**

Circle highest grade completed? 1 2 3 4 5 6 7 8 9 10 11 12      Did you graduate/achieve GED?     Yes     No

Type of School	Name and Location of School	Dates Attended From – To Mo./Yr.-Mo./Yr.	Semester Hours Completed	Graduated Yes/No	Expected Graduation Date	Type of Diploma or Degree	Major/Minor Field of Study
Under-Graduate							
Graduate							
Technical, Vocational, Business							

*(NOTICE: Applicants will be required to provide verification of diploma, degree, transcripts, licenses, certifications and registrations)*

Are you attending classes? \_\_\_\_\_ Where? \_\_\_\_\_ Courses being taken? \_\_\_\_\_

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**MILITARY SERVICE**

Have you ever served in the Armed Forces? \_\_\_\_\_ If “yes”, what were the dates? \_\_\_\_\_  
(Month/Year to Month/Year)

Branch of Service? \_\_\_\_\_ What was your specialty? \_\_\_\_\_

What was the highest grade or rank you attained? \_\_\_\_\_ What was your grade or rank at time of discharge? \_\_\_\_\_ Type of discharge you received \_\_\_\_\_

What honors, awards and decorations did you receive? \_\_\_\_\_

**WORK EXPERIENCES**

Have you ever received a promotion or been given other special recognition and praise for the manner in which you performed your job? \_\_\_\_\_ If “yes”, please explain \_\_\_\_\_

Have you been demoted, fired or asked to resign from a job? \_\_\_\_\_ If “yes”, please explain \_\_\_\_\_

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Name \_\_\_\_\_ Initials \_\_\_\_\_  
(Last) (First) (Middle)

What do or did you like best about your present or most recent job and supervisor? \_\_\_\_\_

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What do or did you dislike the most, if anything, about your present or most recent job and supervisor? \_\_\_\_\_

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What do you consider to be the best attributes and strengths that you have exhibited to your present or most recent supervisor? \_\_\_\_\_

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Has your present or most recent supervisor discussed with you areas in your job performance that needed improvement? \_\_\_\_\_ If "yes", please explain \_\_\_\_\_

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What, if any, have been some of the more difficult problems that have occurred between you and co-workers and how did you resolve them? \_\_\_\_\_

What attracted you to your present or most recent job? \_\_\_\_\_

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What happened at your present or most recent job that caused you to want to make a job change?

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What personal traits and characteristics best describe your everyday work habits? \_\_\_\_\_

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How did your previous work experiences prepare you for the job for which you are applying? \_\_\_\_\_

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## WORK HISTORY

*(Begin With Your Most Recent Job and Work Back Ten (10) Years)*

May we contact your present employer for a work reference report?

(Please initial your answer)

1	EMPLOYER			ADDRESS				CITY	STATE	ZIP	TELEPHONE
	DATE STARTED		DATE ENDED		SALARY-START	SALARY-END	YOUR TITLE	IMMEDIATE SUPERVISOR			
	MONTH	YEAR	MONTH	YEAR							
	DESCRIBE WORK PERFORMED						REASON FOR LEAVING				
2	EMPLOYER			ADDRESS				CITY	STATE	ZIP	TELEPHONE
	DATE STARTED		DATE ENDED		SALARY-START	SALARY-END	YOUR TITLE	IMMEDIATE SUPERVISOR			
	MONTH	YEAR	MONTH	YEAR							
	DESCRIBE WORK PERFORMED						REASON FOR LEAVING				
3	EMPLOYER			ADDRESS				CITY	STATE	ZIP	TELEPHONE
	DATE STARTED		DATE ENDED		SALARY-START	SALARY-END	YOUR TITLE	IMMEDIATE SUPERVISOR			
	MONTH	YEAR	MONTH	YEAR							
	DESCRIBE WORK PERFORMED						REASON FOR LEAVING				
4	EMPLOYER			ADDRESS				CITY	STATE	ZIP	TELEPHONE
	DATE STARTED		DATE ENDED		SALARY-START	SALARY-END	YOUR TITLE	IMMEDIATE SUPERVISOR			
	MONTH	YEAR	MONTH	YEAR							
	DESCRIBE WORK PERFORMED						REASON FOR LEAVING				
5	EMPLOYER			ADDRESS				CITY	STATE	ZIP	TELEPHONE
	DATE STARTED		DATE ENDED		SALARY-START	SALARY-END	YOUR TITLE	IMMEDIATE SUPERVISOR			
	MONTH	YEAR	MONTH	YEAR							
	DESCRIBE WORK PERFORMED						REASON FOR LEAVING				

Name \_\_\_\_\_ Initials \_\_\_\_\_  
 (Last) (First) (Middle)

**SUMMARY OF TYPES & YEARS OF EXPERIENCE**  
*(Fill-in all that apply. Specify other types of experience, if any)*

<b>Road &amp; Bridge</b>	<b>YRS.</b>	<b>Law Enforcement</b>	<b>YRS</b>	<b>Administrative</b>	<b>YRS</b>
Gradall	_____	Detention Officer	_____	Admin. Assistant.	_____
Dump Truck	_____	Patrol Officer	_____	Office Manager	_____
Sign Maker	_____	Investigator	_____	Secretary	_____
Mechanic	_____	Mental Health Officer.	_____	Legal Secretary	_____
Equip. Opr.	_____	Sergeant – Detention	_____	Accounting Clerk	_____
Tire Repair	_____	Sergeant – Patrol	_____	Library Clerk	_____
Laborer	_____	Lieutenant – Detention	_____	Purchasing Clerk	_____
Welder	_____	Lieutenant – Patrol	_____	Payroll Admin.	_____
Foreman	_____		_____	PBX Operator	_____
Shop Foreman	_____		_____	Tax Clerk	_____
Grader	_____		_____	Court Clerk	_____
Roller	_____		_____	District Clerk	_____
	_____		_____	County Clerk	_____
	_____		_____		_____
	_____		_____		_____

<b>PROFESSIONAL</b>	<b>YRS.</b>	<b>MAINTENANCE</b>	<b>YRS</b>	<b>OTHER JOBS</b>	<b>YRS</b>
Civil Engineer	_____	Plumber	_____	Computer Tech.	_____
Chemist	_____	Electrician	_____	Park Ranger	_____
Accountant	_____	Carpenter	_____	Lab Assistant	_____
RN	_____	HVAC Technician	_____	Airport Tech.	_____
Attorney	_____	Foreman	_____	LVN	_____
Librarian	_____		_____		_____
Buyer	_____		_____		_____
Programmer	_____		_____		_____
Curator	_____		_____		_____
	_____		_____		_____
	_____		_____		_____

**SPECIAL QUALIFICATIONS & TECHNICAL SKILLS**  
*(Fill in only major job category that applies, if any)*

**ROAD & BRIDGE**

Do you currently hold a valid CDL? \_\_\_\_\_ If “yes” please complete the following:  
 Class \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Do you hold a “Tank Vehicle Endorsement”? \_\_\_\_\_ Do you hold a “Hazardous Material  
 Endorsement”? \_\_\_\_\_ Is there any “Restriction” placed on you CDL? \_\_\_\_\_  
 If “yes”, what is the “Code” for that restriction? \_\_\_\_\_ Have you had a CDL revoked? \_\_\_\_\_  
 If “yes”, for what reason was it revoked? \_\_\_\_\_  
 If you do not currently hold a valid CDL, do you know of any reason why you might not qualify for a valid CDL?  
 \_\_\_\_\_ If “yes”, please explain the reason \_\_\_\_\_

*(NOTICE: All County Equipment Operators are required by law to hold a valid CDL)*

**LAW ENFORCEMENT**

What is the highest level of "Peace Officer" proficiency certification that you have received from TCLEOSE?

\_\_\_\_\_ What is the highest level of "Jail Officer" proficiency certification that you have received from TCLEOSE? \_\_\_\_\_ What other certifications have you received \_\_\_\_\_

What honors, decorations and awards have you received? \_\_\_\_\_

**ADMINISTRATIVE**

If applying for a clerical or secretarial position, what office equipment can you operate? \_\_\_\_\_

What are your typing skills? \_\_\_\_\_ (wpm). What are your shorthand or speedwriting skills?

\_\_\_\_\_ (wpm). What are your CRT skills? \_\_\_\_\_ (strokes per hour).

In what computer software programs are you proficient (check all that apply):

Microsoft Office  Word 97  Excel  Powerpoint  Access

Schedule Plus  PeopleSoft  Other Packages (please list) \_\_\_\_\_

If applying for a clerical position in accounting or auditing, what bookkeeping training and experience have you had? \_\_\_\_\_

**PROFESSIONAL**

If you are a **Civil Engineer**, are you a "registered professional engineer"? \_\_\_\_\_ If "yes",

Please fill-in the name of the issuing state and the number of your license: State \_\_\_\_\_

Number \_\_\_\_\_

If you are an **Accountant**, are you a CPA? \_\_\_\_\_ If "yes", please fill-in the name of the issuing

State and the number of you certification: State \_\_\_\_\_ Number \_\_\_\_\_

If you are a **Registered Nurse**, who is the issuing state and what is the number of your license?

State \_\_\_\_\_ Number \_\_\_\_\_

If you are a **Programmer** what languages are you proficient with? \_\_\_\_\_

Name \_\_\_\_\_ Initials \_\_\_\_\_  
(Last) (First) (Middle)

**MAINTENANCE**

What trade licenses do you hold? \_\_\_\_\_

**OTHER JOBS**

What licenses and/or certifications do you hold that are related to the job that you are applying for?  
\_\_\_\_\_  
\_\_\_\_\_

**SUMMARY OF QUALIFICATIONS & SKILLS**

Please list any additional and relevant information about yourself that will help the County to have a more complete understanding of your qualifications and technical skills, your past accomplishments and present goals, your work ethic and your human relations skills.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT STATEMENT**  
*(Do not sign below until you have read carefully and fully understand and accept the following terms and conditions for employment with Brazoria County)*

I certify that all information provided by me in connection with this application for employment, whether on this form or not, is true, complete and correct. I understand that if any information provided by me is found to be false, incomplete or misrepresented in any respect, it will be sufficient reason to (1) to cancel any further consideration of my application, or (2) to immediately terminate me from County employment whenever it is discovered.

Furthermore, I acknowledge and agree that the filing of this application form in no way obligates the County to employ me and that it reserves the right to reject my application without disclosing reason therefor; that in the event my application is accepted it is understood that I will not be employed for any definite time but rather my continued employment will be entirely at the will of the County; that no employment contract exists between the County and myself, either expressed or implied (*NOTICE: Only a majority of the Brazoria County Commissioners' Court has the authority to enter into an employment contract with an applicant.*)

In addition, I acknowledge and agree that I will, if employed, comply with all personnel policies, procedures and rules of the County, including submitting to medical exams, alcohol and drug tests, job related knowledge and skills testing, and other testing that may be required in connection with a criminal investigation or when otherwise required by County policy or law.

I expressly authorize, without reservation, Brazoria County, its representatives, employees or agents to contact and obtain information from my previous employers, educational institutions, certification and licensing authorities, and personal and professional references to verify the accuracy of all information provided by me in this application, resume or job interview. I further hereby waive any and all rights and claims I may have regarding the seeking, gathering and use of such information in the employment process and all other persons, employers or organizations for furnishing such information about me.



**VOLUNTARY EEO IDENTIFICATION**

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex and type of job for which an individual applies. The information requested on this sheet is for compliance with those record keeping requirements. However, your completion of this form is entirely voluntary and if you elect not to complete it, it will have no bearing on whether or not you are selected for employment with the County.

The County believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age or any other protected group status.

Name \_\_\_\_\_ Date \_\_\_\_\_

Job Applied for \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex  Male  Female  
 Month/Day/Year

**Race/Ethnic Data:**

- White (Non-Hispanic)
- Black (Non-Hispanic)
- Asian or Pacific Islander
- Hispanic
- American Indian or Alaskan Native

**Disabled/Veteran Classification(s):**

- Disabled Person
- Vietnam Era Veteran
- Special Disabled Veteran (30% or more disability)

**EXPLANATION OF THE CATEGORIES:**

**White (Non-Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**Black (Non-Hispanic):** Persons having origins in any of the black racial groups of Africa.

**Asian or Pacific Islander:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, India, and Pakistan.

**Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of the race.

**American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

**Disabled Individual:** Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.

**Vietnam Era Veteran:** Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.

**Special Disabled Veteran:** Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans' Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.