



# HARRIS COUNTY, TEXAS

## APPLICATION FOR EMPLOYMENT

**Please return application to:**

Human Resources & Risk Management  
1310 Prairie, Suite 240  
Houston, Texas 77002

**Job Hotline (713) 755-5044**  
**Office (713) 755-5250**  
**TDD (713) 755-6870**  
**Internet Address:**  
**www.co.harris.tx.us/hrrm**

**Please read the following before completing application.** Applicants are considered without regard to race, color, religion, sex, national origin, age or disability. All questions must be answered. You may include your resume, however, resumes will not be accepted as a substitute for applications. Please type or print clearly (black or blue ink).

First Name	Middle Name	Last Name	Maiden Name
Present Address	(Number/Street/City/State/Zip Code)	How Long?	Home Phone Number ( )
Previous Address	(Number/Street/City/State/Zip Code)	How Long?	Business/Alternate Phone ( )
Are you between 18-21 years old? <input type="checkbox"/>	Social Security Number: — —	Are you a citizen or national of the United States? <input type="checkbox"/>	Are you an alien lawfully admitted for permanent residence? <input type="checkbox"/> (Alien Number: _____)
Are you at least 21 years old? <input type="checkbox"/>			
Are you an alien authorized by the Immigration and Naturalization Service to work in the United States? <input type="checkbox"/> (Alien Number: _____ or Admission Number: _____) Expiration of employment authorization, if any: _____			

**If applying for Community Juvenile Justice Education, Community Supervision & Corrections, Domestic Relations, Juvenile Probation, Medical Examiner's Office, Precinct One, or PreTrial Services, provide your date of birth (required for background check):**

Date you can start: \_\_\_\_\_ Announcement Number \_\_\_\_\_  
 Referred by: \_\_\_\_\_ **AND** Job Title applying for: \_\_\_\_\_

### EDUCATION

	School Name, City & State	Dates Attended/Graduated	Diploma/Degree
High School	Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12/GED		
College/ Technical School			
College/ Technical School			
Major: _____ Minor: _____ Graduate Studies: _____ Total College Hours: _____ Graduate Hours: _____ <b>(Transcripts may be required.)</b>			

\_\_\_\_\_ **P / DNP**

## GENERAL DATA

Answer items 1 through 6 by placing an "X" in the proper column.

YES    NO

1. Are you now working for or have you previously worked for Harris County? If yes, under what name?		
2. Do you or does your spouse have any relatives presently working for or holding office in Harris County Government? If yes, please list the name(s), relationship and the department in which employed.		
3. Are you aware of any reason which would keep you from being bonded? If yes, describe.		
4. Are you licensed to operate a motor vehicle? Driver's License Number: _____ State: ____ Class: ____ Expiration: _____		
5. Are you willing to work any shifts/hours assigned?		
6. Have you ever been convicted of an offense? Please include driving while intoxicated or driving under the influence of drugs. Exclude minor traffic violations.		
7. Language(s) spoken fluently: _____ Read: _____ Write: _____		
8. Machine and equipment skills: _____	Typing – WPM: _____	PC software applications: _____
9. Special qualifications and skills: (Use this space to indicate any experience, skills, licenses, or certificates, etc., which in your opinion would qualify you for the position you seek.)		

## EMPLOYMENT HISTORY

Name of Employer			Supervisor and Title		
Address (Number/Street/City/State/Zip Code)			Your Title		
From (Month/Year)	To (Month/Year)	Final Salary	No. of Persons Supervised	Full Time	<input type="checkbox"/>
Reason for Leaving:			Phone Number:	Part Time	<input type="checkbox"/>
				Temporary	<input type="checkbox"/>
Describe Your Duties:					

Name of Employer			Supervisor and Title		
Address (Number/Street/City/State/Zip Code)			Your Title		
From (Month/Year)	To (Month/Year)	Final Salary	No. of Persons Supervised	Full Time	<input type="checkbox"/>
Reason for Leaving:			Phone Number:	Part Time	<input type="checkbox"/>
				Temporary	<input type="checkbox"/>
Describe Your Duties:					

Name of Employer			Supervisor and Title		
Address (Number/Street/City/State/Zip Code)			Your Title		
From (Month/Year)	To (Month/Year)	Final Salary	No. of Persons Supervised	Full Time	<input type="checkbox"/>
Reason for Leaving:			Phone Number:	Part Time	<input type="checkbox"/>
				Temporary	<input type="checkbox"/>
Describe Your Duties:					

Name of Employer			Supervisor and Title		
Address (Number/Street/City/State/Zip Code)			Your Title		
From (Month/Year)	To (Month/Year)	Final Salary	No. of Persons Supervised	Full Time	<input type="checkbox"/>
Reason for Leaving:			Phone Number:	Part Time	<input type="checkbox"/>
				Temporary	<input type="checkbox"/>
Describe Your Duties:					

Name of Employer		Supervisor and Title			
Address (Number/Street/City/State/Zip Code)		Your Title			
From (Month/Year)	To (Month/Year)	Final Salary	No. of Persons Supervised	Full Time	<input type="checkbox"/>
Reason for Leaving:			Phone Number:	Part Time	<input type="checkbox"/>
				Temporary	<input type="checkbox"/>
Describe Your Duties:					

**REFERENCES**

List three persons other than relatives who have definite knowledge of your qualifications.

Full Name	Home or Business Address (Number/Street/City/State/Zip Code)	Phone Number	Business or Occupation	Years Acquainted
		(   )		
		(   )		
		(   )		

**I authorize investigation of all statements contained in this application.** I certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentation, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated. References and previous employer will be contacted to confirm statements unless otherwise indicated. I also understand that if offered employment by Harris County, I may be required to pass a drug and/or alcohol test as a condition of employment.

**YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS SIGNED AND ALL QUESTIONS ANSWERED.**

**DATE:** \_\_\_\_\_ **APPLICANT'S SIGNATURE:** \_\_\_\_\_

**For Office Use Only**

Date \_\_\_\_\_ Alpha \_\_\_\_\_ Num \_\_\_\_\_ Spell \_\_\_\_\_ Avg \_\_\_\_\_ Date \_\_\_\_\_ WPM \_\_\_\_\_ Errors \_\_\_\_\_ Acc \_\_\_\_\_