

**TOM GREEN COUNTY**  
**APPLICATION FOR EMPLOYMENT**  
*An Equal Opportunity/Affirmative Action Employer*

PERSONNEL OFFICE  
 124 W Beauregard  
 San Angelo TX 76903

Office 915-659-6507  
 Job Line 915-659-6508  
 FAX 915-658-7871

Web Page: [www.co.tom-green.tx.us/personnel/](http://www.co.tom-green.tx.us/personnel/)

If you need assistance in completing the employment application, please inquire at the Personnel Office. Furthermore, the county conducts pre-employment qualification testing and personal interviews in the application process. If you believe you will require reasonable accommodation (e.g., interpreter, TDD, scheduling adjustments) for pre-employment testing or a personal interview, you must notify the personnel office at least 24 hours prior to the scheduled test or interview.

**POSITION APPLIED FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

PERSONAL DATA	FOR OFFICE USE ONLY
_____ (Last Name) (First Name) (Initial)	START DATE _____
_____ (Street Address, RFD, or PO Box)	GRADE/STEP _____
_____ (City) (State) (Zip Code)	SALARY \$ _____
	Replaces _____

Phone Numbers: ( ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 ( ) \_\_\_\_\_

When would you be available to start work? \_\_\_\_\_

**(CIRCLE THE APPROPRIATE ANSWERS AND FILL-IN BLANKS THROUGHOUT THIS APPLICATION)**

Circle each type of work you will accept:

<b>Full-Time</b>	<b>Part-Time</b>	<b>Temporary</b>	<b>Shift Work</b>
Have you filed an application here before?		<b>Yes</b>	<b>No</b>
		Date: _____	

Have you ever been employed here before?		<b>Yes</b>	<b>No</b>
		Date: _____	

Are you or your spouse related to any officer or employee of Tom Green County? **Yes** **No**

Minimal Acceptable Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

**EDUCATION AND TRAINING:**

Name and Schools Attended and Location	Dates Attended From To	Average Grades	Major Field	Degree Received

**EMPLOYMENT EXPERIENCE:** List each position held. Start with your present or most recent assignment and work backward. If you need additional space, please continue on separate sheet(s) of paper. In the column at the right, describe your assignments. Attach additional sheets as necessary.

May inquiry be made of your present employer?

**Yes**

**No**

Employer Name:	Dates:	From:	To:
Address:	Summary of Job Duties:		
Phone #:			
Job Title:			
Supervisor:			
Reason for Leaving:	Starting Salary:	Ending Salary:	
Employer Name:	Dates:	From:	To:
Address:	Summary of Job Duties:		
Phone #:			
Job Title:			
Supervisor:			
Reason for Leaving:	Starting Salary:	Ending Salary:	
Employer Name:	Dates:	From:	To:
Address:	Summary of Job Duties:		
Phone #:			
Job Title:			
Supervisor:			
Reason for Leaving:	Starting Salary:	Ending Salary:	
Employer Name:	Dates:	From:	To:
Address:	Summary of Job Duties:		
Phone #:			
Job Title:			
Supervisor:			
Reason for Leaving:	Starting Salary:	Ending Salary:	

**SKILLS:** Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

**ADDITIONAL INFORMATION:** By law, you must be authorized to work in the United States in order to be employed by this employer. If you **are** one of the following, please **check** here \_\_\_\_\_

- A citizen or a national of the United States
- An alien lawfully admitted for permanent residence.
- An Alien authorized by the Immigration and Naturalization Service to work indefinitely in the United States.

Have you ever been convicted of a felony or other crime?                      **Yes**                      **No**

If yes, please explain below. (You may omit convictions for minor traffic violations unless the position for which you are applying requires the operation of a motor vehicle. Conviction will not result in your automatic disqualification for employment. The seriousness of the crime, the date of conviction, and the relevance of the crime to this position will be considered)

If the position for which you are applying requires the operation of a motor vehicle, do you have a current

Texas Driver's License?                      **Yes**                      **No**                      License No. \_\_\_\_\_

CDL                      Class \_\_\_\_\_                      Endorsements \_\_\_\_\_                      State \_\_\_\_\_

**MILITARY SERVICE:**

Describe any job-related training received in the United States military:

Have you ever been discharged from the United States Armed Forces under other than honorable conditions?

**Yes**                      **No**

**REFERENCES:** List three persons not related to you who are qualified to describe your capabilities for the position you seek.

Name	Address	Phone	Occupation

**NOTE TO APPLICANTS:** A complete written description of the "essential" functions or activities involved in the job you are applying for is posted in the Personnel Office. Verbal descriptions of this job are also available on our jobline (915-659-6508), our web page (see top of application) and from the Personnel staff. If you have been informed about the requirements and essential functions of the job you are applying for, answer the question below.

Are you capable of performing the "essential" functions or activities involved in the job for which you have applied?    **Yes**            **No**

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**\*\*\*NOTICE\*\*\***

***TOM GREEN COUNTY HAS A  
COMPENSATORY TIME-OFF POLICY  
FOR OVERTIME WORKED***

**APPLICANT'S STATEMENT**

I certify that the statements and information contained herein are true, complete, and correct to the best of my knowledge, and I authorize any former employer to release to this employer or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents verifying my identity and eligibility for employment. In addition, I understand that, if selected for an interview, true copies of all degrees, certificates, or licenses listed on this application will be required before an employment decision can be made. A photocopy of this authorization shall be as valid as the original.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, and that intentional misrepresentation on my application or during the interview process will subject me to immediate discharge.

I also understand that only written representations and promises of this employer will be enforceable.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**Acknowledgement by Applicant**

If you are hired and your County job requires you to operate a County vehicle, you are hereby advised that you may be terminated if you become uninsurable by County insurance provider standards due to excessive traffic violations, irrespective of fault, during the course of employment.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

# APPLICANT EEO DATA FORM

The information requested is being collected for the purpose of reporting statistics to Federal and Equal Employment Opportunity Agencies and will not be considered as part of this application for employment. It will be separated from the application.

INSTRUCTIONS: Please mark the box corresponding to the correct response in each of the categories below; when finished place this form inside the application.

**(CIRCLE THE APPROPRIATE ANSWERS)**

<b>SEX</b>	<b>AGE</b>	<b>ETHNIC ORIGIN</b>	
Male	Under 40	African American	American Ind./Alaskan
Female	Over 40	Asian/Pac. Islander	Caucasian
		Hispanic	Other
<b>VETERAN</b>	Do you have a disability? <b>Yes</b> <b>No</b>		
<b>Yes</b>	Disability is described as: physical or mental impairment which substantially limits a major life activity; previous record of such an impairment; or being regarded as having such an impairment.		
<b>No</b>			

**How did you find out about this job?**

- |                                 |                            |
|---------------------------------|----------------------------|
| 01 – Posting Board              | 05 – Job Line              |
| 02 – Texas Workforce Commission | 06 – Radio                 |
| 03 – Friend                     | 07 – Web Site/Internet     |
| 04 – Newspaper                  | 08 – Other (specify) _____ |

POSITION APPLIED FOR: \_\_\_\_\_

DATE: \_\_\_\_\_