



# ECTOR COUNTY, TEXAS

## Application for Employment



### AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment, advancement opportunities, and access to services for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, or any other classification protected by law. If you need assistance completing this application and/or with any testing required during the application process, please ask the staff in the Personnel Office so that assistance may be provided. A job description will be available for your review for each job posted.

### PLEASE PRINT IN INK

Applicant Name: <small>(As it appears on Social Security Card or Work Permit)</small>		Last	First	MI
Social Security Number		XXX - XX -		
Other Names Used:				
Email:				
Address:				
City, State, & Zip				
Telephone Number	( ) -	Are you at least 18 years old?		<input type="checkbox"/> YES <input type="checkbox"/> NO

Position(s) applying for:      **1.**                                      **2.**                                      **3.**

Department of position: \_\_\_\_\_

Referred by: \_\_\_\_\_ Available date: \_\_\_\_\_

If hired, can you submit verification to work in the United States?     YES     NO

Have you ever been employed by Ector County?                                       YES     NO

When: \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

Do you have a relative currently working for Ector County?                                       YES     NO

If yes, his/her name: \_\_\_\_\_ Department: \_\_\_\_\_

**Have you ever been convicted, or pled guilty or no contest to, a felony offense?**  
**IMPORTANT:** for purposes of employment with Ector County, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution. A conviction will not necessarily disqualify an applicant from employment.     YES     NO    **If yes, please explain:**

**If Yes, Give location, date, charge and disposition of case(s) on a separate page**

**If applying for a position which requires driving a vehicle, please provide the following information: I have a valid driver's license:     YES     NO**

Type: \_\_\_\_\_ State: \_\_\_\_\_ Driver's lic. # \_\_\_\_\_ Expires: \_\_\_\_\_

Initial and date this page to indicate that you have provided complete and accurate information \_\_\_\_\_

## U.S. Military Service

If you have served in the U.S. Military, please provide the following information:

Branch:

From:

To:

Type of Discharge:

### Education / Skills

Education Level	Name City State	Circle Years Completed	Units Completed	Degree	Major
High School		9 10 11 12			
Community or Junior College		1 2			
		1 2			
Business or Trade School					
College or University		1 2 3 4			
		1 2 3 4			
		1 2 3 4			
Graduate School					

### Computer Software Skills

Computer Software	Name of Software	Your Proficiency with the Software
Word Processing		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar

### Licenses / Certifications / Organizations

Professional Licenses and Certifications (Job Related)	Types of Licenses and Certifications	Date issued	Registration Number	State	Expires Mo / Year

Professional, Scholastic, and Other Organizations <small>Exclude memberships that indicate your race, religion, color, nation origin, ancestry, sex, age, disability, or veteran status.</small>	Name	Date	Name	Date

### Job Related Training

Name of Course	Years Completed	Name of Course	Years Completed

## Employment History

This portion of the application must include a minimum of 10 year work history and must be completed even if supplemented by a resume.

List your most recent employer first including U.S. Military service and unpaid or volunteer work.  
Base salary does not include overtime, bonuses, or commissions.

From (Mo/Yr)	_____	To (Mo/Yr)	_____	Total	_____	Yrs	_____	Mos	_____	Your Position	_____	
Employer	_____									Your Supervisor	_____	
Address	_____									Phone	(    )    -	
Type of Business	_____									Reason for Leaving	_____	
Base Salary	Start	_____	Final	_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly			Other Compensation, Bonuses				_____
Brief description of your duties and responsibilities												_____

From (Mo/Yr)	_____	To (Mo/Yr)	_____	Total	_____	Yrs	_____	Mos	_____	Your Position	_____	
Employer	_____									Your Supervisor	_____	
Address	_____									Phone	(    )    -	
Type of Business	_____									Reason for Leaving	_____	
Base Salary	Start	_____	Final	_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly			Other Compensation, Bonuses				_____
Brief description of your duties and responsibilities												_____

From (Mo/Yr)	_____	To (Mo/Yr)	_____	Total	_____	Yrs	_____	Mos	_____	Your Position	_____	
Employer	_____									Your Supervisor	_____	
Address	_____									Phone	(    )    -	
Type of Business	_____									Reason for Leaving	_____	
Base Salary	Start	_____	Final	_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly			Other Compensation, Bonuses				_____
Brief description of your duties and responsibilities												_____

From (Mo/Yr)	_____	To (Mo/Yr)	_____	Total	_____	Yrs	_____	Mos	_____	Your Position	_____	
Employer	_____									Your Supervisor	_____	
Address	_____									Phone	(    )    -	
Type of Business	_____									Reason for Leaving	_____	
Base Salary	Start	_____	Final	_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly			Other Compensation, Bonuses				_____
Brief description of your duties and responsibilities												_____

From (Mo/Yr)	_____	To (Mo/Yr)	_____	Total	_____	Yrs	_____	Mos	_____	Your Position	_____	
Employer	_____									Your Supervisor	_____	
Address	_____									Phone	(    )    -	
Type of Business	_____									Reason for Leaving	_____	
Base Salary	Start	_____	Final	_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly			Other Compensation, Bonuses				_____
Brief description of your duties and responsibilities												_____

## Explanation of Interruptions in Employment History

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

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# **VOLUNTARY CONSENT TO PRE-EMPLOYMENT DRUG TESTING**

Applicant Name: \_\_\_\_\_  
(Please Print)

Ector County has a vital interest in maintaining safe, healthful and efficient working conditions for its employees. Using or being under the influence of drugs may pose serious safety and health risks not only for the user but for his/her co-workers and the public, as well.

By signing this Notice, the applicant understands and voluntarily agrees to submit to pre-employment drug screening. The applicant further agrees to release Ector County and its directors, officers, agents, employees, subsidiaries and affiliated concerns from any and all liability, claims, demands, damages and causes of action of every kind and nature arising out of the pre-employment drug screening and any decision concerning employment made by Ector County, in whole or in part, based upon the results of the pre-employment drug screen.

**ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH ECTOR COUNTY.** Refusal of any applicant to agree to pre-employment drug screening at this time does not preclude an applicant from applying for employment with Ector County at some future time when the applicant will agree to conform to our policies.

I understand that my offer of employment with Ector County is contingent upon my taking and passing a test for the presence of illegal drugs. I further understand and agree that I may be terminated from Ector County should the results be positive for the presence of illegal drugs. I voluntarily consent to have a sample of my urine collected for the purpose of drug testing. In the event I should submit two or more samples for drug screening in connection with my application for employment, I understand that each sample must be negative for the presence of illegal drugs. The drug test will be conducted by a clinical, SAMHSA certified laboratory. I hereby authorize the results of this testing to be released to Ector County. This consent is subject to revocation at any time upon written notice. I understand that I may receive a copy of this consent form upon written request.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)**



**\*\*\* VOLUNTARY AFFIRMATIVE ACTION INFORMATION \*\*\***

**THE COUNTY OF ECTOR IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment, advancement opportunities, and access to services for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, or any other classification protected by law. As an employer with an Equal Opportunity Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is **OPTIONAL**. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OF ANY DATE WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Name: \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Date of Application \_\_\_\_\_ Social Security Number - -

Sex:  Male  Female Birthdate \_\_\_\_\_ Age: \_\_\_\_\_  
Month Day Year

Check all that apply:  Disabled  Veteran  Viet-Name Era Veteran

Your Race/Ethnic Group: Check One:

American Indian  (Indicate Tribal Affiliation) \_\_\_\_\_

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

Hispanic  White (Non-Hispanic)  Other  (Specify) \_\_\_\_\_

What influenced you to apply for employment with Ector County? (check one)

Friend/Relative  News Media Ad  Private Employment Agency

Ector County's Website  State Employment Referral

Other (Please Specify) \_\_\_\_\_



# Ector County Sheriff's Office

## AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the Ector County Sheriff's Office and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Applicant's Notarized Signature: \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_,

in and for \_\_\_\_\_ county, in the state of \_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

NOTARY SEAL

Printed Name of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_