



SAN SABA COUNTY EMPLOYMENT APPLICATION

An Equal Opportunity Employer

(Please Print)

PERSONAL INFORMATION:

Position Applied For: _____ Date of Application: _____

Name: _____
Last First Middle

Address: _____
Street or Mailing Address City State Zip Code

Email Address: _____ Phone Numbers: (____) _____ (____) _____
Home Cell

Are you employed now? ___ Yes ___ No May we contact your present employer ___ Yes ___ No

Are you authorized to work in this country? (Proof of citizenship or immigration status will be required upon employment) ___ Yes ___ No

Have you previously worked for San Saba County? Yes ___ No ___ If yes, dates _____ Department _____

Do you or your spouse have relatives employed by San Saba County? ___ If yes, give name and their position _____

What type of employment will you accept? Full-time: ___ Part-time: ___ Temporary: ___

Wage or Salary Required: _____ Date Available: _____

Have you ever been convicted of a felony? ___ If yes, please provide dates(s) and details: _____

Professional Memberships, Certificates, Licenses: _____

___ Peace Officer ___ CDL

Applicant for Office/Clerical Position: Typing: ___ Y/N Dictation: ___ Y/N 10 Key Calculator ___ Y/N

Office Hardware/Software Systems: _____

PREVIOUS EMPLOYMENT: Please list all employment for the past 10 years, beginning with your current position and working backward. You may attach a resume to include additional information.

Employer #1: _____ Address: _____

Dates of Employment: _____ Last Rate of Pay: _____

Position: _____ Immediate Supervisor: _____

Description of Work: _____ Reason for Leaving: _____

Who may we contact as a reference? _____
Name Position Phone Number

Employer #2: _____ Address: _____

Dates of Employment: _____ Last Rate of Pay: _____

Position: _____ Immediate Supervisor: _____

Description of Work: _____ Reason for Leaving: _____

Who may we contact as a reference? _____

Name Position Phone Number

Employer #3: _____ Address: _____

Dates of Employment: _____ Last Rate of Pay: _____

Position: _____ Immediate Supervisor: _____

Description of Work: _____ Reason for Leaving: _____

Who may we contact as a reference? _____

Name Position Phone Number

MILITARY SERVICE:

Have you ever served in the Military: _____ If yes, what Branch of Service? _____

List any relevant job-related skills during military service. _____

EDUCATION AND TRAINING:

School	Name and Location of School	Years Completed	Hours Completed	Major Field	Degree Received
High School					
College					
Other (Specify)					

SKILLS AND QUALIFICATIONS: Please list any additional experience, training and skills which are relevant to the position you are applying for: _____

DRUG FREE WORKPLACE: San Saba County policy requires that all employees voluntarily submit to random testing for drugs and controlled substances. Please list all drugs, medicines or other substances you are taking which may affect the results of breath tests or urinalysis:

Will you voluntarily submit to random drug testing? Yes _____ No _____

IMPORTANT

It is the responsibility of the applicant to read the following before signing:

I certify that the answers given herein are true and complete. I understand that any falsification or willful omission made in my application, resume or interview(s) shall be sufficient cause for dismissal or refusal of employment, whenever discovered. I understand that the information provided in my application, resume and interviews may be investigated, and I hereby authorize each former employer, whether given as a reference or not, to answer any questions and furnish any information sought by San Saba County concerning any qualifications for employment. I hereby release San Saba County and all third parties supplying information to San Saba County from all liability, including liability caused by negligence arising from reference checks conducted by or on behalf of the employer about me. I also understand that this application is subject to the Open Records Act and may be released as a public document.

I understand that I may submit a new application at any time. I also understand that my application form will be maintained in the Treasurer's files for six (6) months from the day of the application.

I understand that my employment is at the discretion of the Commissioners' Court, Elected Official, or Department Head concerned, and that San Saba County is an employment-at-will employer, which means that I may resign at any time and San Saba County may terminate my employment at any time with or without reason.

I understand that San Saba County has a Personnel Handbook Policy Manual, which describes additional obligations, terms and conditions of employment. If selected for employment with San Saba County, I agree to promptly familiarize myself with the terms of such document and abide thereby. I understand and agree that all benefits, programs, rules and policies of San Saba County are subject to exceptions or change at any time, as decided by San Saba County Commissioner's Court.

I certify that I have carefully read each provision of this application for employment and that I have been given an opportunity to ask questions concerning any provision, which I do not fully understand.

Signature of Applicant

Date

It is the policy of San Saba County not to discriminate in employment on the basis of race, religion, color, age, national origin, sex, marital status, veteran status or disability. To request a reasonable accommodation or other assistance, contact the Treasurer/Human Resources Department at 325-372-3337, or mail your request to 500 E Wallace, Suite 204, San Saba, TX 76877