

**SAN SABA COUNTY, TEXAS  
APPLICATION FOR EMPLOYMENT**

*For Personnel Use Only*

**General Employment Form**

*Please Read Carefully and Complete by PRINTING in Ink or Typing*

Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver License number: \_\_\_\_\_ State: \_\_\_\_\_

Primary telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Other: \_\_\_\_\_

Type(s) of Work Desired: \_\_\_\_\_

Wage or Salary Required: \_\_\_\_\_ Date Available: \_\_\_\_\_

**San Saba County is an Equal Opportunity Employer**

*We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.*

***Please Provide All Information Requested.***

**You may submit a new application at any time. Your application form will be maintained in the Treasurer's files for six (6) months from the date of application.**

**EMPLOYMENT RECORD**

*Starting with present or most recent, list all previous employers.*

*Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but please complete this application as well.*

**Last Or Present Company:**

Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Type or Classification of Job: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Brief Description of Job Duties: \_\_\_\_\_

Base salary: \_\_\_\_\_ per \_\_\_\_\_ Dates worked: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



**Previous Employer:**

Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Type or Classification of Job: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Brief Description of Job Duties:

\_\_\_\_\_

Base salary: \_\_\_\_\_ per \_\_\_\_\_ Dates worked: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Previous Employer:**

Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Type or Classification of Job: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Brief Description of Job Duties:

\_\_\_\_\_

Base salary: \_\_\_\_\_ per \_\_\_\_\_ Dates worked: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If any of your educational or employment records are under other than the above name, please provide other names.

\_\_\_\_\_

**OUTSIDE ACTIVITIES**

*(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)*

Professional memberships, certificates, or licenses held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Past and Present Civic or Cultural Activities (include offices held): \_\_\_\_\_

Principal Hobbies: \_\_\_\_\_

### SPECIAL SKILLS

*To be completed by **Applicant for Office/Clerical Work***

Typing: Yes \_\_\_\_\_ Words per Minute: \_\_\_\_\_ No \_\_\_\_\_

Dictation: Yes \_\_\_\_\_ Words per minute: \_\_\_\_\_ No \_\_\_\_\_

Office Equipment/Computer Skills: \_\_\_\_\_

Hardware/Systems: \_\_\_\_\_ Software: \_\_\_\_\_

*To be Completed By **Applicant for Shop/Plant Work***

Type of Machines Operated: \_\_\_\_\_

\_\_\_\_\_ Years of Experience: \_\_\_\_\_

Please list Other Skills and/or Equipment/Language Experience You Have Acquired: \_\_\_\_\_

List Other Shop/Production Skills: \_\_\_\_\_

Served Apprenticeship: Yes \_\_\_\_\_ Type: \_\_\_\_\_ No \_\_\_\_\_

### MILITARY RECORD

Branch of Service: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_



Present Military Affiliation:

None \_\_\_\_\_ Reserve (active) \_\_\_\_\_ Reserve (inactive) \_\_\_\_\_

Kinds of Training and Duty While in Service:

\_\_\_\_\_

### PROFESSIONAL/WORK REFERENCES

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone no. (include area code) \_\_\_\_\_ Occupation: \_\_\_\_\_

May We Contact Your Present Employer? Yes \_\_\_\_\_ No \_\_\_\_\_

### 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 \_\_\_\_\_

☐ Employer must check if requirement of this position, otherwise, the following information is not required

### EDUCATIONAL HISTORY

**High School:** \_\_\_\_\_ Location (city, state): \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_ Graduated: Yes \_\_\_\_\_ No \_\_\_\_\_

Degree: \_\_\_\_\_

#### **Technical/Trade (after High School)**

School Name: \_\_\_\_\_ Location (city, state): \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_ Graduated: Yes \_\_\_\_\_ No \_\_\_\_\_

Major Course or Subject: \_\_\_\_\_ Degree: \_\_\_\_\_

#### **College (list all attended)**

School Name: \_\_\_\_\_ Location (city, state): \_\_\_\_\_



Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_ Graduated: Yes \_\_\_\_\_ No \_\_\_\_\_

Major Course or Subject: \_\_\_\_\_ Degree: \_\_\_\_\_

School Name: \_\_\_\_\_ Location (city, state): \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_ Graduated: Yes \_\_\_\_\_ No \_\_\_\_\_

Major Course or Subject: \_\_\_\_\_ Degree: \_\_\_\_\_

***Other education/training***

School Name: \_\_\_\_\_ Location (city, state): \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_ Graduated: Yes \_\_\_\_\_ No \_\_\_\_\_

Major Course or Subject: \_\_\_\_\_ Degree: \_\_\_\_\_

**I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the County's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.**

\_\_\_\_\_  
Signature

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