

APPLICATION FOR EMPLOYMENT

COUNTY OF SABINE
201 MAIN STREET
P.O. BOX 850 (MAILING)
HEMPHILL, TEXAS 75948



An Equal Opportunity Employer

1. Name: _____ 2. Social Security Number: _____
3. Is any additional information relative to your name, such as names used in previous employment, necessary to enable a check on your work record? If yes, please explain: _____
-
4. Address: _____
Street City State and Zip Code
5. Phone Number(s) where you may be reached: Home: _____ Work: _____ Other: _____
6. Person(s) to be notified in case of an emergency: _____
-
7. Are you over 18 years old? _____ 8. Are you lawfully eligible to work in the United States? _____
9. List all previous addresses for the past five (5) years:

Number & Street	City	State & Zip	(Dates) From – To
Number & Street	City	State & Zip	(Dates) From – To
Number & Street	City	State & Zip	(Dates) From – To
Number & Street	City	State & Zip	(Dates) From – To
Number & Street	City	State & Zip	(Dates) From – To

Office use only

Date Application received: _____ Time Received: _____ a.m./p.m.

10. SCHOOLS ATTENDED:

High School: Name: _____ Address: _____

Did you graduate? _____ Major Studies: _____

Business or Trade School: Name: _____ Address: _____

Years attended: _____ Did you Graduate? _____ Major Studies: _____

College: Name: _____ Address: _____

Years attended: _____ Did you Graduate? _____ Major Studies: _____

Other: (Specify): Name: _____ Address: _____

Special qualifications (include technical and professional licenses, academic and professional awards, etc.): _____

11. OFFICE SKILLS:

Calculator ¹ Computer ¹ Dictating Machine ¹ Adding Machine ¹ Switchboard/telephone ¹

Shorthand ¹ _____ w.p.m. Typing ¹ _____ w.p.m.

Other (Specify): _____

12. ARE YOU A VETERAN? ¹ Yes ¹ No Branch of Service: _____

Date of Service: From _____ to _____ Type of Discharge: _____

List of duties performed in Service: _____

13. EMPLOYMENT RECORD – List all present and past employment beginning with the most recent first.

Employer's Name: _____ From _____ To _____

Address: _____ Phone No.: _____

Type of Business: _____ Salary (starting) _____ (ending) _____

Name & Title of Supervisor: _____

Your Job title: _____ Reason for leaving: _____

Briefly describe the nature and duties of your position: _____

Employer's Name: _____ From _____ To _____

Address: _____ Phone No.: _____

Type of Business: _____ Salary (starting) _____ (ending) _____

Name & Title of Supervisor: _____

Your Job title: _____ Reason for leaving: _____

Briefly describe the nature and duties of your position: _____

Employer's Name: _____ From _____ To _____

Address: _____ Phone No.: _____

Type of Business: _____ Salary (starting) _____ (ending) _____

Name & Title of Supervisor: _____

Your Job title: _____ Reason for leaving: _____

Briefly describe the nature and duties of your position: _____

Employer's Name: _____ From _____ To _____

Address: _____ Phone No.: _____

Type of Business: _____ Salary (starting) _____ (ending) _____

Name & Title of Supervisor: _____

Your Job title: _____ Reason for leaving: _____

Briefly describe the nature and duties of your position: _____

Employer's Name: _____ From _____ To _____

Address: _____ Phone No.: _____

Type of Business: _____ Salary (starting) _____ (ending) _____

Name & Title of Supervisor: _____

Your Job title: _____ Reason for leaving: _____

Briefly describe the nature and duties of your position: _____

14. May we contact your present employer? ☐ Yes ☐ No

15. Have you ever been dismissed or asked to resign from any position? ☐ Yes ☐ No

If yes, explain: _____

16. Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, explain: _____

17. List any friends or relatives currently working for the County of Sabine: _____

18. Have you been previously employed by the County? ☐ Yes ☐ No When? _____

19. Do you have a reliable means of transportation to work? ☐ Yes ☐ No

20. PERSONAL REFERENCES (Do not list former employees or relatives – only those who can provide education or character references:

Name: _____

Address: _____

Occupation: _____

Home Phone: _____

Business Phone: _____

Name: _____

Address: _____

Occupation: _____

Home Phone: _____

Business phone: _____

Name: _____
Address: _____

Occupation: _____
Home Phone: _____
Business Phone: _____

Name: _____
Address: _____

Occupation: _____
Home Phone: _____
Business phone: _____

21. How did you learn of this Position? _____

APPLICANT'S CERTIFICATION AND AGREEMENT

The facts set forth in this application for employment are true and complete to the best of my knowledge. I understand, that if I am employed, false statements, omissions, or misrepresentations may result in my dismissal. I authorize Sabine County to make an investigation of any of the facts set forth in this application.

I understand that employment with Sabine County is "at will," which means that either I or Sabine County can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. No contract of employment shall exist between Sabine County and myself for any duration, either specified or unspecified. All employment is continued on that basis.

Signature: _____

Date: _____

It is the policy of Sabine County to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.