

# EMPLOYMENT APPLICATION

**Frio County**  
(830)-334-0040

If you are seeking a rewarding and fulfilling career, then we invite you to consider Frio County.

Frio County is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disabilities or handicap, disability or handicap, or veteran status.

*Instructions:* Please read the instructions before completing the application. A resume may be attached to your email, but you must complete all spaces on the application to be considered for employment. All information submitted is subject to verification. A false or misleading statement may result in your disqualification. If you are in need of an accommodation to complete this application, please call for an appointment at the phone number above. We also have applications that may be printed and completed by typing or printing your responses.

**POSITION TITLE:** \_\_\_\_\_ **DATE AVAILABLE FOR WORK:** \_\_\_\_\_

<b>PERSONAL DATA</b>
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**NAME:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ **SS#:** \_\_\_\_\_

**CURRENT ADDRESS:** (Number & Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

List any other names used if different from name given on application: \_\_\_\_\_

**PHONE (Home):** (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ **PHONE (Work):** (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

**PHONE (Cell):** (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

<b>EDUCATION &amp; TRAINING</b>
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**HIGHEST GRADE COMPLETED:**  **HIGH SCHOOL DIPLOMA OR GED?**

Type of School	Name & Location of School	Sem/Clock Hours Completed	Graduated Y/N	Expected Graduation Date	Type of Diploma or Degree	Major/M inor Field of Study
Colleges or Universities						
Technical, Vocational, or Business						

If a license, certificate or other authorization is required/related to position for which you are applying, complete the following:

License/Certification (CPR, First Aid, Food handlers, etc.)	Date Issued	Issued By (State or other Authority)	License Number	Location of Issuing Authority (city & state)

**SPECIAL TRAINING:** List any special training program or courses you have attended which you feel may add to your qualifications. List course, date and institution (including military training).

COURSE TITLE	DATE	GRANTING INSTITUTION

**SPECIAL SKILLS/QUALIFICATIONS:** List special skills or qualifications (not listed above) you possess which you believe further qualify you for the position for which you are an applicant (include computer software, specialized equipment or machines, memberships, areas of expertise for your area medical training).

**GENERAL INFORMATION**

**LICENSE:** State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**TYPE OF LICENSE:**

**ENDORSEMENTS:**

*If the position requires a license or certification, please complete additional information.*

**DISMISSALS AND/OR FORCED RESIGNATIONS:** Have you ever been fired or forced to resign from any position?

If answer is Yes to either or both of these questions, please explain below.

The County may perform a background check on all applicants prior to hiring. If criminal background check is required you will need to sign Affidavit of Criminal History.

Have you ever been convicted of a **MISDEMEANOR** or **FELONY** and/or placed on probation, fined or given a suspended sentence such as deferred adjudication in court? List all cases other than minor traffic violations. **FAILURE TO ADMIT CONVICTIONS WILL RESULT IN DISQUALIFICATION OF YOUR APPLICATION.**

If Yes, please provide the following:

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ City/State: \_\_\_\_\_

Disposition: \_\_\_\_\_

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ City/State: \_\_\_\_\_

Disposition: \_\_\_\_\_

*(If you need additional space, please attach a sheet listing information in the same format. Include your printed name and signature.)*

## EMPLOYMENT HISTORY

In the space provided below, give your employment history beginning with your present or most recent employer. List each position held (even those with the same employer), including military, part-time, summer, volunteer work, and any periods of unemployment. **An explanation of any period of unemployment should be included on page 4. Interns and Volunteers: It is not necessary to complete Salary information.**

Employer:	Start Date	End Date
Address/City/State:		
Phone: (     )     -     Job Title:	Starting Salary	Final Salary
Supervisor:                      Supervisor's Title:	\$	\$
Reason for Leaving:		
<b>Briefly describe the Nature and Duties of Your Position</b>		

Employer:	Start Date	End Date
Address/City/State:		
Phone: (     )     -     Job Title:	Starting Salary	Final Salary
Supervisor:                      Supervisor's Title:	\$	\$
Reason for Leaving:		
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Employer:	Start Date	End Date
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Employer:	Start Date	End Date
Address/City/State:		
Phone: (     )                      Job Title:	Starting Salary	Final Salary
Supervisor:                      Supervisor's Title:	\$	\$
Reason for Leaving:		
Briefly describe the Nature and Duties of Your Position		

Explanation of any periods of unemployment between jobs:

**GENERAL INFORMATION**

I, the undersigned, certify that I have *read and fully understand* this form in its entirety and that the information provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or discharge from. In submitting this application, I authorize to verify all data needed to support this application and to obtain references from my present and past employers. I further understand that this application becomes the property of and will not be returned.

Employment with the County is voluntarily entered into, and you are free to resign from your position with the company at will, at any time, with or without cause. Similarly, the County may terminate the employment relationship at will at any time, with or without notice or cause, so long as there is no violation of applicable federal or state law. I also understand that as a condition of employment I will be subject to one or more of the following: criminal history investigation, medical examination and/or a pre-employment drug-alcohol screening test. An employment offer received from Frio County is contingent upon information received.

The provisions of this offer of employment have been read, are understood, and your signature acknowledges understanding.

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Signature of Applicant Date Signed

**THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH**  
*AN EQUAL OPPORTUNITY EMPLOYER*