### MILLS COUNTY, TEXAS APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of a non-related medical condition or handicap.

| PLEASE TYPE O                                                                                                        | DR PRINT Date of application |                |                        |                           |  |  |
|----------------------------------------------------------------------------------------------------------------------|------------------------------|----------------|------------------------|---------------------------|--|--|
| Position applied for                                                                                                 | Dr:                          |                |                        |                           |  |  |
| Name                                                                                                                 |                              |                |                        |                           |  |  |
| Las                                                                                                                  |                              | First          | Mi                     | ddle                      |  |  |
| Address                                                                                                              |                              |                |                        |                           |  |  |
| PO                                                                                                                   | Box or Number and            | d Street City  | St                     | ate Zip Code              |  |  |
| Phone:                                                                                                               | cell/                        | home Social Se | ecurity Number         |                           |  |  |
| Are you employedYesNo May we contact your present employer?                                                          |                              |                |                        |                           |  |  |
| Date available to work? Available to work:Full TimePart Time                                                         |                              |                |                        |                           |  |  |
| Are you a citizen of the United States? YesNo                                                                        |                              |                |                        |                           |  |  |
| If no, are you authorized to work in the U.S.? Yes No                                                                |                              |                |                        |                           |  |  |
| Have you ever worked for Mills County? YesNo                                                                         |                              |                |                        |                           |  |  |
| Have you been convicted of a felony?YesNo<br>(Conviction will not necessarily disqualify applicant from employment.) |                              |                |                        |                           |  |  |
| If yes, please exp                                                                                                   | lain                         |                |                        |                           |  |  |
| Veteran of U.S. Military Service?YesNo If Yes, Branch:<br>Education                                                  |                              |                |                        |                           |  |  |
|                                                                                                                      | Elementary                   | High School    | College/<br>University | Graduate/<br>Professional |  |  |
| School Name                                                                                                          |                              |                |                        |                           |  |  |
| Years completed                                                                                                      |                              |                |                        |                           |  |  |
| (Circle one)                                                                                                         | 4 5 6 7 8                    | 9 10 11 12     | 1 2 3 4                | 1 2 3 4                   |  |  |

Diploma/Degree: \_\_\_\_\_

**REFERENCES:** Give name, address and telephone number of three references that are not related to you and are not previous employers.

#### **JOB RELATED SKILLS:**

Please state any additional information you feel may be helpful to us in considering your application. Attach additional sheet if necessary.

#### **EMPLOYMENT EXPERIENCE**

| Start with   | your present or last job: |                   |            |   |                |
|--------------|---------------------------|-------------------|------------|---|----------------|
| Employer:    |                           |                   | Phone: (   | ) |                |
| Address:     |                           | Supervisor:       |            |   |                |
| Job Title:   |                           | Responsibilities: |            |   |                |
| From:        | To:                       | Startin           | ig Salary: |   | Ending Salary: |
| Reason for L | _eaving:                  |                   |            |   |                |
| Employer:    |                           |                   | Phone: (   | ) |                |
| Address:     |                           | Supervisor:       |            |   |                |
| Job Title:   |                           | Responsibilities: |            |   |                |
| From:        | То:                       | Startin           | ig Salary: |   | Ending Salary: |
| Reason for L | _eaving:                  |                   |            |   |                |
| Employer:    |                           |                   | Phone: (   | ) |                |
| Address:     |                           | Supervisor:       |            |   |                |
| Job Title:   |                           | Responsibilities: |            |   |                |
| From:        | То:                       | Startin           | ig Salary: |   | Ending Salary: |
| Reason for L | Leaving:                  |                   |            |   |                |

| Employer:  |          | Phone: ( )                  |                   |  |  |  |
|------------|----------|-----------------------------|-------------------|--|--|--|
| Address:   |          | Supervisor:                 | Supervisor:       |  |  |  |
| Job Title: |          | Responsibilities:           | Responsibilities: |  |  |  |
| From:      | To:      | Starting Salary: Ending Sal | ary:              |  |  |  |
| Reason for | Leaving: |                             |                   |  |  |  |

(If you need additional space, please continue on a separate sheet.)

## PLEASE READ CAREFULLY

The following policy statements apply to an applicant IF HIRED.

Employment with Mills County is for no definite period of time. Mills County may change wages, benefits and conditions at any time.

- 1. Mills County may terminate employment at any time without liability for wages or salary except such as may have been earned at the date of termination. If requested by the management at any time, employee must submit to a search of person, desk, locker, etc., assigned to him/her, and must waive all claims for damages on account of such examination.
- 2. This application for employment is not, and is not intended to be a contract of employment and no employment contract is being offered.

# APPLICANT'S CERTIFICATION AND AGREEMENT

I have read, understand, and agree to the above statements, if hired.

I certify that answers given herein are true and correct to the best of my knowledge and understand that any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal to hire, or, if hired, termination from employment. I authorize investigation of all statements contained in this application and other included documents as may be necessary in arriving at an employment decision. I hereby release from liability any person (s) / organization (s) giving such information.

Signature\_\_\_\_\_

Printed Name\_\_\_\_\_