

Bowie County

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state, and local equal employment opportunity laws. Bowie County, Texas provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation, or any other classification protected by law. Employees of Bowie County, Texas are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of Bowie County's elected officials. Each employee is expected to conduct him/herself in a manner that reflects favorably upon Bowie County, Texas and to recognize that his/her public and personal lives.

All applications must be received by the Payroll Office prior to the application deadline. Please do not write "See Resume." Resumes may be attached as a supplement to this application. Be thorough since your answers may determine whether you will be interviewed or considered for a position.

PLEASE PRINT IN INK

NAME: (as it appears on Social Security Card/Work Permit Card)	LAST:	FIRST:	MIDDLE:
MAILING ADDRESS:		CITY:	STATE: ZIP:
PHYSICAL ADDRESS:		CITY:	STATE: ZIP:
DAYTIME PHONE NUMBER:		EVENING PHONE NUMBER:	
OTHER NAMES YOU HAVE USED:			ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO
POSITION(S) APPLIED FOR:			
CHECK EACH TYPE OF WORK YOU WILL ACCEPT: <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> LABOR POOL ("AS NEEDED")			DATE AVAILABLE:
HAVE YOU EVER BEEN EMPLOYED BY BOWIE COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, WHAT DATE:	DEPARTMENT:
SUPERVISOR:		REASON FOR LEAVING:	
HAVE YOU BEEN CONVICTED OF A FELONY IN THE PAST 7 YEARS? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT. <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, give location, date, charge and disposition of case(s) on separate page.	IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION: DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO DL #/STATE: _____	CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IN THE CASE OF APPLICANTS FOR POSITIONS WITH THE COUNTY WHICH REQUIRE DRIVING A VEHICLE, DRIVING RECORDS WILL BE CHECKED ANNUALLY. EVERY COUNTY EMPLOYEE WHO IS REQUIRED TO DRIVE A VEHICLE OR OPERATE A PIECE OF EQUIPMENT WHICH REQUIRES A VALID DRIVER'S LICENSE MUST MAINTAIN A SAFE DRIVING RECORD AND MAY BE REQUIRED TO PARTICIPATE IN DEFENSIVE DRIVING COURSES AT THE COUNTY'S REQUEST. UNSATISFACTORY RESULTS OF A DRIVING RECORD CHECK WILL BE SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING DISCHARGE.			

FOR HUMAN RESOURCES USE ONLY. RECEIVED APPLICATION ON: _____

IF YOU HAVE SERVED IN THE U.S. MILITARY, PLEASE PROVIDE THE FOLLOWING INFORMATION:

BRANCH OF SERVICE: _____

DATES OF SERVICES: _____ **TO** _____ **TYPE OF DISCHARGE:** _____

EDUCATION			
EDUCATION LEVEL	NAME / CITY / STATE	YEARS COMPLETED	MAJOR / DEGREE
HIGH SCHOOL:			
COMMUNITY OR JUNIOR COLLEGE:			
BUSINESS OR TRADE SCHOOL:			
COLLEGE OR UNIVERSITY:			
GRADUATE SCHOOL:			

COMPUTER SOFTWARE/SKILLS	
WORD PROCESSING:	<input type="checkbox"/> SKILLED <input type="checkbox"/> COMPETENT <input type="checkbox"/> FAMILIAR
SPREADSHEET:	<input type="checkbox"/> SKILLED <input type="checkbox"/> COMPETENT <input type="checkbox"/> FAMILIAR
OTHER:	<input type="checkbox"/> SKILLED <input type="checkbox"/> COMPETENT <input type="checkbox"/> FAMILIAR
MULTI-LINE TELEPHONE <input type="checkbox"/> YES <input type="checkbox"/> NO	COPIER/FAX MACHINE <input type="checkbox"/> YES <input type="checkbox"/> NO
CALCULATOR BY TOUCH <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPING/WPM _____

PROFESSIONAL LICENSES / CERTIFICATIONS / ORGANIZATIONS				
PROFESSIONAL LICENSES AND CERTIFICATIONS (JOB RELATED)				
TYPE OF LICENSES AND CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO/YR
PROFESSIONAL, SCHOLASTIC AND OTHER ORGANIZATIONS (JOB RELATED)				
<i>Exclude membership that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status.</i>				
NAME:	DATE:	NAME:	DATE:	

FOR HUMAN RESOURCES USE ONLY. RECEIVED APPLICATION ON: _____

JOB RELATED TRAINING			
NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

EMPLOYMENT HISTORY			
THIS PORTION OF THE APPLICATION <u>MUST</u> BE COMPLETED			
MAY WE CONTACT YOUR CURRENT EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO LIST YOUR MOST RECENT EMPLOYER FIRST, INCLUDE US. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK. BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.			
DATES OF EMPLOYMENT	FROM (MO/YR):	TO (MO/YR):	YOUR POSITION
EMPLOYER:		YOUR SUPERVISOR:	
ADDRESS:		PHONE NUMBER:	
TYPE OF BUSINESS:		REASON FOR LEAVING:	
BASE SALARY START:		<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	
FINAL:			
OTHER COMPENSATIONS/BONUSES:			
BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES:			

DATES OF EMPLOYMENT	FROM (MO/YR):	TO (MO/YR):	YOUR POSITION
EMPLOYER:		YOUR SUPERVISOR:	
ADDRESS:		PHONE NUMBER:	
TYPE OF BUSINESS:		REASON FOR LEAVING:	
BASE SALARY START:		<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	
FINAL:			
OTHER COMPENSATIONS/BONUSES:			
BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES:			

FOR HUMAN RESOURCES USE ONLY. RECEIVED APPLICATION ON: _____

DATES OF EMPLOYMENT	FROM (MO/YR):	TO (MO/YR):	YOUR POSITION	
EMPLOYER:			YOUR SUPERVISOR:	
ADDRESS:			PHONE NUMBER:	
TYPE OF BUSINESS:			REASON FOR LEAVING:	
BASE SALARY START: _____ FINAL: _____			<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	
OTHER COMPENSATIONS/BONUSES:				
BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES:				

DATES OF EMPLOYMENT	FROM (MO/YR):	TO (MO/YR):	YOUR POSITION	
EMPLOYER:			YOUR SUPERVISOR:	
ADDRESS:			PHONE NUMBER:	
TYPE OF BUSINESS:			REASON FOR LEAVING:	
BASE SALARY START: _____ FINAL: _____			<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	
OTHER COMPENSATIONS/BONUSES:				
BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES:				

IN ORDER TO COMPLY WITH THE NEPOTISM POLICY OF BOWIE COUNTY, PLEASE LIST BELOW IF YOU OR YOUR SPOUSE IS RELATED TO ANY OFFICER OR EMPLOYEE OF BOWIE COUNTY. IF NOT APPLICABLE, PLEASE WRITE N/A.	

ADDITIONAL INFORMATION OR TRAINING

REFERENCES

FOR HUMAN RESOURCES USE ONLY. RECEIVED APPLICATION ON: _____

NAME		NAME	
ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	
PHONE NUMBER		PHONE NUMBER	
RELATIONSHIP (NO RELATIVES)		RELATIONSHIP (NO RELATIVES)	

NAME		NAME	
ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	
PHONE NUMBER		PHONE NUMBER	
RELATIONSHIP (NO RELATIVES)		RELATIONSHIP (NO RELATIVES)	

EMERGENCY CONTACT	
NAME:	RELATIONSHIP:
ADDRESS:	CITY/STATE/ZIP:
PHONE NUMBER:	BUSINESS PHONE NUMBER:

AUTHORIZATION AND AGREEMENT

I certify that the statements and information contained herein are true, complete and correct to the best of my knowledge, and I authorize any former Employer to release to Bowie County, or its authorized representative, any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents verifying my identity and eligibility for employment. In addition, I understand that true copies of all advanced degrees, certificates, or licenses listed on this application must be attached to be considered and before any employment decision can be made. A photocopy of this authorization shall be as valid as the original.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Payroll Office.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests which will include a pre-employment physical and drug screen. (This examination will be conducted by health care providers of the County's selection.) (I understand that a positive result from the drug screen will eliminate me from consideration from any County job.) I understand that I must produce all documents necessary for the County to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services on or before my first day of employment.

I understand that this application remains current for 180 days. At the conclusion of that time, if I have not heard from Bowie County and still wish to be considered for employment, it will be necessary to reapply and fill out a new application when a position is posted. I understand that the County has Personnel Policies which describe additional obligations, terms, and conditions of employment. If selected for employment, I agree to promptly familiarize myself with the terms of such documents and abide thereby. I understand and agree that all benefits, programs, rules and policies of the County are subject to exceptions or change at any time, as decided by the County. Furthermore, the County will have the right to change my location for work, my salary and benefit programs, its personnel policies and any other privilege or condition of employment at any time for any reason, with or without prior notice.

I understand the acceptance of this application by the County neither expresses nor implies I will be offered employment. Bowie County operates under the legal doctrine of employment-at-will and, within requirements of state and federal law regarding employment, can dismiss an employee at any time, with or without notice, for any reason or no reason.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

SIGNATURE OF APPLICANT: _____

PRINTED NAME OF APPLICANT: _____

Send applications to:
E-Mail: Kristy.patterson@txkusa.org

Mail: Bowie County Auditor
Attn: Kristy Patterson
710 James Bowie Drive
New Boston, Texas 75570

Fax: 903-628-6836

Thank you for your interest in employment opportunities with Bowie County.
Please view current job postings at: co.bowie.tx.us and click on the Employment Opportunities link.

*****VOLUNTARY AFFIRMATIVE ACTION INFORMATION*****

BOWIE COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment, advancement opportunities, and access to services for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, or any other classification protected by law. As an employer we comply with government regulations.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this data record is **OPTIONAL**. If you **choose to volunteer** the requested information, please note that all data records are kept in a Confidential File and **are not** a part of your Application for Employment or personnel file.

Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

NAME: _____
 LAST FIRST M.I.

ADDRESS: _____

PHONE NUMBER: _____ SOCIAL SECURITY NUMBER _____

POSITION APPLIED FOR _____ DATE OF APPLICATION: _____

SEX: MALE FEMALE BIRTHDATE ____/____/____ AGE: _____

CHECK ALL THAT APPLY: DISABLED VETERAN VIET-NAM ERA VETERAN

YOUR RACE / ETHNIC GROUP – CHECK ONE:

ALASKAN NATIVE / AMERICAN INDIAN (Indicate Tribal Affiliation) _____

ASIAN OR PACIFIC ISLANDER / BLACK (Non-Hispanic) / HISPANIC / WHITE (Non-Hispanic)

OTHER (Specify) _____

WHAT INFLUENCED YOU TO APPLY FOR EMPLOYMENT WITH BOWIE COUNTY? (CHECK ONE)

FRIEND/RELATIVE NEWS MEDIA AD PRIVATE EMPLOYMENT AGENCY COUNTY’S WEBSITE

STATE EMPLOYMENT REFERRAL OTHER (Please Specify) _____

***** NOT FOR INTERVIEW PURPOSES – TO BE FILED SEPARATELY *****