

**HARDIN COUNTY**  
**HUMAN RESOURCE DEPARTMENT**  
**P O BOX 817**  
**KOUNTZE, TX 77625**  
**(409) 246-5164**

An Equal Opportunity Employer

## *Application for Employment*

If you need assistance in completing this employment application, please inquire at the Human Resource Department. Furthermore, the County conducts pre-employment qualification testing and personal interviews during the application process. If you believe you will require reasonable accommodation in the application process, please inform the Human Resource Department in writing when you submit your application.

### Personal Data

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Street Address/P O Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Numbers \_\_\_\_\_ Minimum acceptable salary \_\_\_\_\_

Position (s) you are applying for \_\_\_\_\_

When would you be able to start work? \_\_\_\_\_

Have you filed an application with Hardin County before \_\_\_\_\_ yes (when \_\_\_\_\_) \_\_\_\_\_ no

Have you ever been employed with Hardin County \_\_\_\_\_ yes (when \_\_\_\_\_) \_\_\_\_\_ no

Give name & Department of any relatives now employed by Hardin County \_\_\_\_\_

### Education and Training

High School _____	Graduated _____
Name _____ City _____ State _____	Yes No
College _____	Graduated _____
Name _____ City _____ State _____	Yes No
Business or Technical School _____	Graduated _____
Name _____ City _____ State _____	Yes No
Degree/Major _____	

List special training, interest, career goals, or any other data you wish to provide \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment History**

List employment history for last four (4) consecutive years starting with your present or last employer, including summer, periods of unemployment and self-employment. If additional space required, list on separate page or attach your resume. All information is subject to verification.

May we speak with your present employer \_\_\_\_\_yes \_\_\_\_\_no

Date: Month & Year	Name & Address	Phone No.	Position held	Reason for leaving
			Supervisor/s name	
From - To				
From - To				
From - To				
From - To				

**Additional Information**

Have you ever been convicted of a felony? \_\_\_\_\_yes \_\_\_\_\_no

If yes please explain \_\_\_\_\_

If the position for which you are applying requires the operation of a motor vehicle, do you have a current Texas Driver's License? \_\_\_\_\_yes - License Number \_\_\_\_\_

**References:**

Give three (3) references (Personal or Business) not related to you

Name	Address	Business (if any)	Phone

Briefly describe why you are qualified for the position: \_\_\_\_\_

Hardin County is an 'at will' employer, which means that (if hired) your employment is for no definite period and may, regardless of the date of payment of wages and/or salary, be terminated at any time without any prior notice, and with or without explanation or reason. All potential employees are subject to a drug screen and, depending on position, physical, driving record check and criminal history review. Hardin County is an equal opportunity employer. Hardin County does not discriminate because of age, race, color, national origin, sexual orientation, marital status, veteran status, gender and disability

EEO/F/M/ADA

*I certify the statements contained herein are true, complete and correct to the best of my knowledge. I hereby release the employer from any and all liability (including liability arising from the employer's negligence) arising from the verification of my prior employment history, criminal record, references and any other background information pertaining to me. I also release from any and all liability (including liability arising from the employer's negligence) all persons and entities who supply the employer with information pertaining to my prior employment history, criminal record, references and other background information pertaining to me. I understand that providing fraudulent information may be grounds for my immediate termination.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Do not write below this line

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Action(s)	Date(s)
_____	_____
_____	_____
_____	_____

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**HARDIN COUNTY**  
**Voluntary EEO Self-Identification Form**

In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations which may apply, we invite you to complete this Voluntary EEO Self-Identification form. This information is strictly voluntary. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

<b>Name</b>	<b>Date</b>
<b>Position</b>	
<b>Department</b>	
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Ethnicity: (Check all that apply)</b>  <input type="checkbox"/> <b>Asian or Pacific Islander</b>  <input type="checkbox"/> <b>American Indian/Alaskan</b>  <input type="checkbox"/> <b>Black</b>  <input type="checkbox"/> <b>Hispanic</b>  <input type="checkbox"/> <b>White</b>	