



BASTROP COUNTY EMPLOYMENT APPLICATION

804 Pecan Street, Bastrop, TX. 78602
Equal Opportunity Employer M/F/D/V

The Age Discrimination in Employment Act of 1967 forbids discrimination against Persons over the age of 40.

Applications can be mailed to: Human Resources Department located at 804 Pecan Street, Bastrop, Texas 78602. Or emailed to: apply@co.bastrop.tx.us

Applicant Information

You must answer all questions to be considered for a position.

Full Name:		Date:	
<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Month/Day/Year</i>
Address:			
<i>Street Address</i>		<i>Apartment/Unit #</i>	
<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Position Applied for:		Position Number:	
Phone: ()		E-mail Address:	
Date Available:		Desired Salary: \$	
Are you eligible to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for the County?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain?
Has Bond been refused?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
All applicants for employment must be at least 18 years old. Can you submit proof of age after employment?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you related by blood or marriage to any Bastrop County employee/official?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, state name and relationship.
Have you applied before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Give Dates:
Referred By:			

Education

Please identify any educational background you believe we should consider in evaluation of your qualifications for the position you seek.

High School:		Address:	
Number of years:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree and Major Subjects:	
College:		Address:	
Number of years:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree and Major Subjects:	
College:		Address:	
Number of years:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree and Major Subjects:	
Other:		Address:	
Number of years:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree and Major Subjects:	
Honors or Awards received:			
Other course work applicable to this type of work:			

Employment

Provide employer information for the last 10 years and any other work history you feel is relevant to the position you have applied for. Attached extra sheets if necessary.

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Your Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Your Responsibilities:

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Your Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Your Responsibilities:

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Your Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Your Responsibilities:

From: _____ To: _____ Reason for Leaving: _____

References

Please provide names of three (3) people who are not family members, whom you have known for at least (1) year.

Full Name: _____ Relationship: _____

Company & Title: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company & Title: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company & Title: _____ Phone: () _____

Address: _____

U.S. Military Service			
No. of years served	Branch of Service	Rank at Discharge	Duties

Special Qualifications and Skills	
Computer: OS, Software Languages, etc:	Typing (WPM):

If you are fluent in a foreign language, indicate language and in each area your degree of fluency.

Language	Excellent	Good	Fair
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Licenses/Equipment/Machines Operated			
Heavy Equipment:			
Light Equipment:			
Mechanical/Equipment repair experience:			
Welding Experience:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, What type?
Driver's License:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
CDL License:	Class A <input type="checkbox"/>	Class B <input type="checkbox"/>	
Related Extracurricular Activities:			

Emergency Contact	
Full Name:	Relationship:
Address:	
Phone (1): ()	Phone(2): ()

Disclaimer and Signature			
<p>I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired. I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize Bastrop County to request and receive such information. I hereby understand and acknowledge that, unless otherwise stated by applicable law, the employment relationship with Bastrop County is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge at any time with or without cause. It is further understood that the "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized official of Bastrop County. This application is not an employment contract and its use is to screen applicants interested in employment with Bastrop County.</p> <p style="text-align: center;">REFERENCE CHECK AUTHORIZATION</p> <p>I hereby request and authorize all persons, schools, companies, credit bureaus, corporations, law enforcement agencies, and educational institutions to furnish the County of Bastrop with any information regarding my employment together with any information they may have regarding me, including motor vehicle records, military records, criminal records, and general reputation. I understand that background checks are routinely conducted on applicants. This authorization is to release said organization(s) and individual(s) from all liability, claims and damages in connection with the furnishing of such information.</p>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">_____ <i>Signature</i></td> <td style="width: 33%; border: none;">_____ <i>Print Name</i></td> <td style="width: 33%; border: none;">_____ <i>Date</i></td> </tr> </table>	_____ <i>Signature</i>	_____ <i>Print Name</i>	_____ <i>Date</i>
_____ <i>Signature</i>	_____ <i>Print Name</i>	_____ <i>Date</i>	

EEO DATA SHEET

Bastrop County is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the County invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. Your voluntary cooperation in providing us with this information will be greatly appreciated.

Name:		Date:	
Last	First	M.I.	Month/Day/Year
Address:			
Street		Apartment #	
City		State	Zip Code
Telephone #'s: (Home):		(Work):	
Date of Birth:		Gender: Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Month/Day/Year			
Position Applied For:		Position Number:	

Ethnic Category:

- Native American or Alaskan Native. All persons having origin in any of the original peoples of North America.
- Asian (not Hispanic or Latino). All persons having origins in any of the original peoples of Far East, Southeast Asia, or the Pacific islands. *This includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. Also persons from the Indian subcontinent, including peoples with national origins from Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkin and Sri Lanka.*
- Native Hawaiian or other Pacific Islander. (Not Hispanic or Latino) All persons having origins in any of the original peoples of Far East, Southeast Asia, or the Pacific Islands. *This includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. Also persons from the Indian subcontinent, including peoples with national origins from Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkin and Sri Lanka.*
- Black or African American (not Hispanic or Latino). All persons having origin in any of the Black racial groups.
- Hispanic or Latino. All persons of Mexico, Puerto Rican, Cuban Central or South America or other Spanish cultures, regardless of race.
- White (not Hispanic or Latino). All persons having origin in any of the peoples of Europe and the Middle East.
- Two or more races (Not Hispanic or Latino).

Other:

- A Qualified Disabled Veteran. A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more; a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, and is capable (qualified) of performing a particular job with reasonable accommodation to his/her disability.
- A Vietnam Era Veteran. A person who actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was released with a honorable discharge or released from active duty for a service-connected injury or disability.
- A Qualified Handicapped Individual. A person who has a physical or mental impairment, which substantially limits one or more of that person's major life activities, or has a record of such impairment, and is capable (qualified) of performing a particular job with reasonable accommodation to his/her handicap.