



# ELLIS COUNTY APPLICATION FOR EMPLOYMENT



**EQUAL OPPORTUNITY EMPLOYER**

**PLEASE READ CAREFULLY. TO BE CONSIDERED FOR EMPLOYMENT ALL QUESTIONS MUST BE ANSWERED.**

## PERSONAL

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_  
 HOME STREET ADDRESS \_\_\_\_\_ APT \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ BEST CONTACT NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

ARE YOU 21 YEARS OF AGE OR OLDER?

IF NOT, ARE YOU AT LEAST 18 YEARS OF AGE?

IF EMPLOYED, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE GREATER THAN A TRAFFIC VIOLATION?

*IF YES LIST BELOW:*

DATE	OFFENSE	DISPOSITION
DATE	OFFENSE	DISPOSITION

HAVE YOU SERVED IN THE U.S. ARMED FORCES?

HAVE YOU BEEN PREVIOUSLY EMPLOYED BY ELLIS COUNTY?

*IF YES LIST BELOW*

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ LOCATION \_\_\_\_\_ POSITION \_\_\_\_\_

ARE YOU RELATED TO ANYONE EMPLOYED BY ELLIS COUNTY?

IF YES, STATE NAME AND LOCATION: \_\_\_\_\_

HOW DID YOU LEARN OF THIS JOB OPENING? \_\_\_\_\_

## JOB INTEREST – POSITION(S) DESIRED

FIRST CHOICE	SECOND CHOICE	DATE AVAILABLE	SALARY DESIRED
WORK HOURS/SHIFT PREFERRED	FULL TIME YES NO	PART TIME YES NO	DAYS YES NO
		EVENINGS YES NO	NIGHTS YES NO
			WEEKENDS YES NO

## EDUCATIONAL RECORD

HIGHEST GRADE COMPLETED \_\_\_\_\_

NAME, CITY, AND STATE OF SCHOOLS ATTENDED \_\_\_\_\_ MAJOR FIELD \_\_\_\_\_ GRADUATED \_\_\_\_\_

LAST HIGH SCHOOL: \_\_\_\_\_

LAST COLLEGE/UNIVERSITY: \_\_\_\_\_

GRADUATE SCHOOL: \_\_\_\_\_

TECHNICAL/VOCATIONAL SCHOOL: \_\_\_\_\_

LIST THE COURSES THAT YOU ARE NOW ENROLLED IN: \_\_\_\_\_

# PROFESSIONAL LICENSES/CERTIFICATIONS

TYPE	STATE ISSUED	DATE ISSUED	EXPIRES ON	NUMBER
TYPE	STATE ISSUED	DATE ISSUED	EXPIRES ON	NUMBER

## SKILLS

Please indicate the experience you have by checking the box next to the job skill described below.

<u>Office Skills</u>		<u>Road and Bridge Worker Positions Only</u>		
Typing	___ wpm	MS Word	Front End Loader	Dozer
Shorthand	___ wpm	MS Access	Grade-All	Dump Truck
10-Key		MS Excel	Diesel Mechanics	Backhoe
Word Perfect		Power Point	Motor Grader	CDL
Multi-Line Phone		Cash Handling Exp	Other (please list): _____	
Other (please list): _____		_____		
Language Skills: Which Language: _____		Speak	Read	Write

## WORK EXPERIENCE

WHAT OTHER NAME(S) HAVE YOU WORKED UNDER? \_\_\_\_\_

MAY WE CONTACT YOUR PRESENT EMPLOYER?

LIST YOUR LAST OR PRESENT EMPLOYER FIRST (INCLUDING VOLUNTEER EXPERIENCE) FOR THE PAST 10 YEARS

EMPLOYER _____	DATES EMPLOYED: FROM (mo/yr): _____ TO (mo/yr): _____		
STREET ADDRESS _____	CITY _____	STATE _____	PHONE _____
POSITION TITLE _____	STARTING SALARY _____	FINAL SALARY _____	
SUPERVISOR'S NAME AND TITLE _____	PERSON(S) WE MAY CONTACT FOR REFERENCE _____		
BRIEFLY DESCRIBE YOUR DUTIES _____			
REASON FOR LEAVING _____			

EMPLOYER _____	DATES EMPLOYED: FROM (mo/yr): _____ TO (mo/yr): _____		
STREET ADDRESS _____	CITY _____	STATE _____	PHONE _____
POSITION TITLE _____	STARTING SALARY _____	FINAL SALARY _____	
SUPERVISOR'S NAME AND TITLE _____	PERSON(S) WE MAY CONTACT FOR REFERENCE _____		
BRIEFLY DESCRIBE YOUR DUTIES _____			
REASON FOR LEAVING _____			

EMPLOYER \_\_\_\_\_ DATES EMPLOYED: FROM (mo/yr): \_\_\_\_\_ TO (mo/yr): \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ FINAL SALARY \_\_\_\_\_

SUPERVISOR'S NAME AND TITLE \_\_\_\_\_ PERSON(S) WE MAY CONTACT FOR REFERENCE \_\_\_\_\_

BRIEFLY DESCRIBE YOUR DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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EMPLOYER \_\_\_\_\_ DATES EMPLOYED: FROM (mo/yr): \_\_\_\_\_ TO (mo/yr): \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ FINAL SALARY \_\_\_\_\_

SUPERVISOR'S NAME AND TITLE \_\_\_\_\_ PERSON(S) WE MAY CONTACT FOR REFERENCE \_\_\_\_\_

BRIEFLY DESCRIBE YOUR DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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EMPLOYER \_\_\_\_\_ DATES EMPLOYED: FROM (mo/yr): \_\_\_\_\_ TO (mo/yr): \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ FINAL SALARY \_\_\_\_\_

SUPERVISOR'S NAME AND TITLE \_\_\_\_\_ PERSON(S) WE MAY CONTACT FOR REFERENCE \_\_\_\_\_

BRIEFLY DESCRIBE YOUR DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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EMPLOYER \_\_\_\_\_ DATES EMPLOYED: FROM (mo/yr): \_\_\_\_\_ TO (mo/yr): \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ FINAL SALARY \_\_\_\_\_

SUPERVISOR'S NAME AND TITLE \_\_\_\_\_ PERSON(S) WE MAY CONTACT FOR REFERENCE \_\_\_\_\_

BRIEFLY DESCRIBE YOUR DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM:**

Ellis County does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give Ellis County the right to make a thorough, post-offer investigation of my past employment and activities. I agree to cooperate in such investigation and release from all liability of responsibility all persons, companies or corporations supplying such information. I consent to take an employment physical examination, and passing same is a condition of employment, and such further physical examinations as may be required by Ellis County at such times and places as Ellis County shall designate.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without a reason. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete the Employment Eligibility Verification form (I-9), and show satisfactory evidence of Identity and Employment Authorization as outlined by the Department of Homeland Security. A list of acceptable documents is included with this application. I UNDERSTAND THAT ELLIS COUNTY PARTICIPATES IN E-VERIFY TO VERIFY MY ELIGIBILITY TO WORK IN THE U.S.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**RETURN COMPLETED APPLICATIONS TO:**

Ellis County Sheriff's Office  
300 S Jackson St.  
Waxahachie, TX 75165  
hiring@elliscounty.texas.gov

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
<b>OR</b>	<b>AND</b>	
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
	<b>For persons under age 18 who are unable to present a document listed above:</b>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**