## ANDERSON COUNTY EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Position Sought:				
Is this a driving position? Yes: No: Name:				
Last First Address:		Middle Initial	Maiden	
Street Email Address:	City	Telephone	State : Please circle one: He	
Have you previously worked for Anderson County	y? Yes:	No:	If yes, when:	·
—————— What type of employment will you accept? Full-	time:	_ Part-Time:	Tempo	rary:
If applying for part-time work, please describe the	e days and t	imes you are a	vailable to work	:
Do you have any relatives employed by Anderson	n County?			
How did you hear about this position?				
PREVIOUS EMPLOYMENT: Please list all employed position and working backward. You may attach		•		•
Employer #1:	Addr	ess:		
Dates of employment:				
Position:	Immediate Supervisor:			
Description of Work:				
Who may we contact as a reference?				·
Name		Position		Phone Number
Employer #2:	Addr	ess:		
Dates of employment:	Last	Rate of Pay: _		
Position:	Imm	ediate Supervi	isor:	
Description of Work:	Reas	on for Leaving	g:	
Who may we contact as a reference?				
Name		Position		Phone Number
Employer #3:				
Dates of employment:	Last	Rate of Pay: _		
Position:	Imm	ediate Supervi	isor:	
Description of Work:	Reas	on for Leaving	;:	
Who may we contact as a reference?		David.		Discusting 1
Name		Position		Phone Number

Have you ever been involuntarily terminated from a position of employment? If so, please explain. (This question does not apply to a layoff or reduction in force for economic reasons).					
MILITARY SERVICE:					
Branch of Service:	D	ates of Service:			
EDUCATION:					
Did you graduate from high sch	ool? Yes: No: If	f not, do you have a GED? Yes: No:			
Please indicate all college degre	es and/or applicable course	ework:			
School Name	Area of Study				
		u believe qualify you for the position you seek:			
Type:	Number:	Expiration:			
Туре:	Number:	Expiration:			
Please list all equipment, office believe will be useful in the pos	e machines, and computer ition you seek:	programs you are able to operate which you			
ADDITIONAL INFORMATION:					
	, including offense, date o	ve you pleaded guilty or no contest to a felony of conviction or plea, and state and county in			
If you need additional lines, please ask Hum	nan Resources for additional Criminal	History pages.			
information requested in this incomplete information on this if discovered after I am hired, such information is subject t Anderson County to investiga outside investigators at its dispanderson County may require necessarily mean that I will be	s application for employn s form may disqualify me to may be grounds for my in o verification by Anderso te my background and que posal. I agree to undergo e. Finally, I understand to hired, and that if I am hire	ly answered all questions and have given all nent, and I understand that any wrong or for further consideration for employment or, nmediate termination. I understand that all on County and hereby give my consent to ualifications using any means, sources, and any type of drug and/or alcohol testing that hat submission of this application does not d, my employment will be at will, and either I my time, with or without notice or reason.			

Date

Applicant's Signature

## ANDERSON COUNTY AUTHORIZATION TO CHECK DRIVING RECORD

, applicant for the						
record to be used to evaluate my poter hereby authorize the Texas Department of federal agency records to furnish Anders	by authorize Anderson County to obtain a copy of my driving ntial and/or continued employment with Anderson County. of Public Safety or any other entity authorized to access state or on County, or its agent, my driving record. I do hereby release or nderson County, from all liability resulting from the release or					
Driver's License Number	State of Issuance					
Driver's License Number	State of Issuance					
Driver's License Number	State of Issuance					
ACKNOWELDGED AND AGREED:						
Signature	Printed Name					
Printed Name	Date of Rirth					

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## **ADDITIONAL EMPLOYMENT HISTORY (IF NEEDED)**

**PREVIOUS EMPLOYMENT:** Please list all employment for the past 10 years, beginning with your current position and working backward. You may attach a resume to include additional information.

Employer #4:	Address:		
Dates of employment:	Last Rate of Pay:		
Position:			
Description of Work:			
Who may we contact as a reference?	Position	Phone Number	
Employer #5:	Address:		
Dates of employment:	Last Rate of Pay:		
Position:	Immediate Supervisor:		
Description of Work:	Reason for Leaving:		
Who may we contact as a reference?	Position	Phone Number	
Employer #6:	Address:		
Dates of employment:	Last Rate of Pay:		
Position:	Immediate Supervisor:		
Description of Work:	Reason for Leaving:		
Who may we contact as a reference?	Position	Phone Number	
Employer #7:	Address:		
Dates of employment:	Last Rate of Pay:		
Position:	Immediate Supervisor:		
Description of Work:	Reason for Leaving:		
Who may we contact as a reference?	D. W.		