

EDUCATION & TRAINING

Type of School	Name & Location of School	Circle Years Completed				Graduated Yes/No	Expected Graduation Date	Type of Diploma or Degree	Major/Minor Fields of Study
		9	10	11	12				
High School or GED									
Community or Junior College		1		2					
Business or Trade School		1		2					
College or University		1	2	3	4				
Graduate School									

Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.

If a license, certification, or other authorization is required or related to the position for which you are applying, complete the following:

License/Certification (CPR, First Aid, etc.)	Date Issued	Date Expires	Issued by/Location of issuing authority (city/state)	License Number

Special Training/Skills/Qualification: List any job-related training or skills you possess which you believe will further qualify you for the position for which you are an applicant. (include computer software, hardware, specialized equipment or machines) _____

Approximately how many words per minute do you type? _____

Do you speak a language other than English? (if required for this position) Yes: _____ No: _____

If yes, what language(s) do you speak? _____

Do you write in a language other than English? (if required for this position) Yes: _____ No: _____

If yes, what language(s) do you write? _____

Military Service: (a copy of a report of separation from the Armed Services may be required)

Are you a Veteran? Yes: _____ No: _____ If yes, list type of discharge: _____

Dates of Service (from/to): _____

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Include ALL employment, even those with the same employer. Begin with your current or most recent employer. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any training, skills, and qualifications for each position you have held.

Employer: _____	Employer's Telephone Number: _____				
Address: _____					
(Street)	(City)	(State)	(Zip Code)		
Supervisor's Name: _____		Supervisor's Title: _____			
Position Title: _____					
Start Date: _____		End Date: _____		Current/Final Salary: _____	
Reason for leaving: _____					
Briefly describe the nature and duties of your position: _____					

Employer: _____	Employer's Telephone Number: _____				
Address: _____					
(Street)	(City)	(State)	(Zip Code)		
Supervisor's Name: _____		Supervisor's Title: _____			
Position Title: _____					
Start Date: _____		End Date: _____		Current/Final Salary: _____	
Reason for leaving: _____					
Briefly describe the nature and duties of your position: _____					

Employer: _____ Employer's Telephone Number: _____

Address: _____
(Street) (City) (State) (Zip Code)

Supervisor's Name: _____ Supervisor's Title: _____

Position Title: _____

Start Date: _____ End Date: _____ Current/Final Salary: _____

Reason for leaving: _____

Briefly describe the nature and duties of your position: _____

Employer: _____ Employer's Telephone Number: _____

Address: _____
(Street) (City) (State) (Zip Code)

Supervisor's Name: _____ Supervisor's Title: _____

Position Title: _____

Start Date: _____ End Date: _____ Current/Final Salary: _____

Reason for leaving: _____

Briefly describe the nature and duties of your position: _____

REFERENCES

Give three professional references, none that are related to you.

Name	Address	Telephone Number	Occupation

Please read the following statements carefully and indicate your understanding and acceptance by signing the space provided below

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission may result in the rejection of my application, or if hired, termination.

In submitting this application, I authorize to verify all data and references from my past and present employers that is needed to support this application.

I understand that Frio County Human Resources Office will check with the Texas Department of Public Safety, for any criminal history in accordance with applicable statutes prior to hiring.

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States of America.

Employment with Frio County is voluntarily entered into, and you are free to resign from your position with the county at will, at any time, with or without cause. Similarly, the County may terminate the employment relationship at will, at any time, with or without notice or cause, so long as there is no violation of applicable federal or state law. I also understand that as a condition of employment I will be subject to the following: Criminal history investigation, medical examination, and/or a pre-employment drug-alcohol screening test. An employment offer received from Frio County is contingent upon information received.

If a job offer is extended, by signing this application you acknowledge the requirements of following the Frio County Employee Handbook regardless if the handbook acknowledgment form has been returned and signed.

The provisions of this offer of employment have been read, are understood, and your signature acknowledges the understanding.

(Signature of Applicant)

(Date)

Thank you for your interest in employment with Frio County, an equal opportunity employer.

