

Armstrong County

Human Resources, PO Box 523, Claude, TX 79019

Courthouse Phone Number: 806-553-2860

Date Received: _____

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U. S.? ____ Yes ____ No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i> Driver's License: _____ State of DL: _____		
Work Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Email: _____			
Are you 18 or over? ____ Yes ____ No			
Title of Position Applying For			Date Available to Work
Have you been previously interviewed or employed by Armstrong County ____ Yes ____ No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for Armstrong County? ____ Yes ____ No If Yes, list names and relationship to you:			
Are you employed now?		If so, may we contact your present employer?	
What type of employment will you accept? Full Time _____ Part-Time _____ Temporary _____			
What days and hours are you available to work?			

Have you ever been convicted of or plead guilty or no contest to a criminal offense other than a traffic offense? (Traffic offense means an offense involving use of a vehicle for which you received a citation instead of being arrested). Yes _____ No _____

Education					
Name and Location		# Years Completed	Major Area of Study	Degree/Diploma	
High School					
College					
Graduate School					
Technical or Certificate Programs					

Employment History Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)		
Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

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Weekly Pay Start: Finish:		
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Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Please list any special awards, honors, scholarships, or offices held.

Person to be notified in case of emergency:

Name: _____ Phone: _____

Relationship: _____

References

Please list names of supervisors, managers, or others who can comment directly on your abilities:

Name	Address	Phone #	Relationship/Occupation	Years Known

Armstrong County is an Equal Opportunity Employer. It is the policy of Armstrong County not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

 Signature of Applicant

 Date

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any false or incomplete statements may cause my application to be rejected. If I am hired, I understand that false or misleading information given in my application or interview may result in dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and acknowledge that any employment relationship with Armstrong County is "at will" which means that an employee may resign at any time and Armstrong County through its elected officials and department heads may discharge any employee at any time with or without cause and with or without notice. I understand this at will employment relationship-p may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by Armstrong County Commissioners Court. I understand that Armstrong County may amend any personnel policy or term of my employment at any time without prior notice. I understand that I am required to abide by all rules and regulations of Armstrong County.

Today's Date: _____

Signature of Applicant: _____