

DELTA COUNTY, TEXAS
200 West Dallas Avenue
Cooper, Texas, 75432



Office: (903) 395 4400 ext. 225
Fax: (903) 395-2178
www.deltacountytexas.com

APPLICATION FOR EMPLOYMENT

PLEASE READ THESE INSTRUCTIONS PRIOR TO COMPLETING THIS APPLICATION

1. Thank you for your interest in employment opportunities with Delta County. Applications are accepted for posted positions only. If you are applying for more than one position **YOU MUST COMPLETE A SEPARATE APPLICATION FOR EACH POSITION**. Applications are only valid for the duration of each announcement and will be retained as County records for a period of two years from date of submission.
2. A resume and/or other documents will not be accepted in lieu of a completed application; however, you may submit a resume and/or additional documents with the application.
3. The information you provide on this application should clearly reflect your suitability to the position you are applying for. Your employment record, position-related education, skills, knowledge, abilities, qualifications, and experience will be evaluated based upon the information you provide in this application. If you are selected for an interview, you will be contacted by the County Treasurer or the elected official of office that posted the job.
4. In order for your application to be considered complete, you must answer all questions in this application. **AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED**. Any information that you provide in this application, accompanying documents, and/or give verbally to Delta County is subject to verification. Falsification, misrepresentation, or omissions of fact may be grounds for rejection of your application, or subsequent termination of employment if hired. A comprehensive pre-employment reference and background screening may be conducted on all applicants as permitted by law at the discretion of the Elected/Appointed Official. **Comments such as "See Resume" are not acceptable and may result in the application being considered incomplete.**
5. If we are unable to consider your application, you may receive no further notice.
6. Delta County promotes a drug-free work environment and may require all applicants who receive a conditional offer of employment to successfully complete a drug screening test. Applicants whose employment requires a CDL may be required to successfully complete a drug and alcohol screening test. A physical examination, driving record, and/or criminal history check may also be required after a conditional offer has been extended.
7. This application and any accompanying document(s) submitted for consideration of employment become property of Delta County and will not be returned to the applicant.
8. This application becomes public record and is subject to disclosure in accordance with the Texas Government Code Ann. § 552-Public Information Act.
9. As mandated by the Immigration Reform and Control Act of 1986, all candidates offered employment must provide written proof, on or before the first day of employment, that establishes identity and eligibility to work in the United States. This is accomplished by completing the Employment Eligibility Verification Form (I-9) and producing acceptable documents including but not limited to United States Passport; State issued Driver's License; Social Security Card; Birth Certificate; other acceptable documents that establish identity and eligibility to work in the U.S.



Delta County General Employment Application

Delta County, Texas
 200 West Dallas Avenue | Cooper, Texas | 75432
 Phone: (903) 395-4400 | Fax (903) 395-2178

Delta County is an Equal Opportunity Employer

It is the policy of Delta County not to discriminate in employment on the basis of race, religion, color, age, national origin, sex, pregnancy, marital status, veteran status, disability or genetic information. To request a reasonable accommodation or other assistance contact the County Treasurer at (903) 395-4400 ext. 225 or, mail your request to the address above.

Name _____ Date _____
 (Last) (First) (MI)

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

Telephone _____ email _____
 (Primary) (Alternate)

Position Applied For _____ Department _____

Are you willing to work: Full-time Part-time Temporary Shift work

May we contact your present employer: Yes No

WORK EXPERIENCE:

List all employment (including military service) **for at least the past 10 years**. Begin with your present position and work back. Attach additional sheets or resume to provide sufficient qualifying experience data. Be thorough since your answers may determine whether or not you will be considered for a position. The "Reason for Leaving" and "Salary" must be completed. Any applicant providing unrequested information might be rejected.

(1) Present or Last Employer		Phone No.	
Address		Date Started	Date Left
Your Title	Salary	Supervisor's Name	
Description of Work			
Reason for Leaving/Wanting to Leave			
(2) Previous Employer		Phone No.	
Address		Date Started	Date Left
Your Title	Salary	Supervisor's Name	
Description of Work			
Reason for Leaving/Wanting to Leave			

(3) Previous Employer		Phone No.	
Address		Date Started	Date Left
Your Title	Salary	Supervisor's Name	
Description of Work			
Reason for Leaving/Wanting to Leave			
(4) Previous Employer		Phone No.	
Address		Date Started	Date Left
Your Title	Salary	Supervisor's Name	
Description of Work			
Reason for Leaving/Wanting to Leave			

Please explain all periods of unemployment exceeding 90 days: _____

EDUCATION:

Did you graduate from high school? Yes No if no, last grade completed _____ GED Obtained? Yes No

College, University Trade or Business School	No. Of Years	Major Area of Study	Semester Hours	Degrees Earned
Name Location				

(Applicants may be required to provide copies of transcripts and/or diplomas/certificates)

MILITARY SERVICE OF THE UNITED STATES:

Branch of Service _____ (you may be required to provide DD Form 214 for verification)

List any relevant job-related skills during military service _____

PERSONAL DATA:

Please list any other names you have used in connection with employment or education _____

Have you previously worked for Delta County? Yes No If yes, when? _____

Department _____ Position _____ Supervisor _____

Are you authorized to work in this country? Yes No

(Proof of citizenship or immigration status will be required upon employment)

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation?

Yes No

Have you ever been convicted, pled guilty, pled no contest, or, received deferred adjudication or probation for a criminal act? Yes No

If yes, list ALL such offenses and state date, name of Court and disposition.
(You may omit minor traffic violations for which you paid a fine of \$100 or less)

**A criminal conviction is not necessarily a bar to employment. False statements or omissions of information, whether intentional or unintentional, will be grounds for immediate elimination from further consideration (or dismissal from employment with Delta County if hired.)*

List all counties and states you have resided in within the past 10 years.

Do you have a current driver's license? Yes No
Do you have a commercial driver's license? Yes No
Has your driver's license ever been suspended or revoked: Yes No

If yes, explain: _____

List all licenses/certifications/registrations you hold (such as drivers, electrician, etc.)

Type _____ Expiration Date _____

Type _____ Expiration Date _____

Are you related by blood or marriage to any Delta County employee or elected official? Yes No

If yes _____
Name Where Employed Relationship

REFERENCES: List the names, addresses and telephone numbers of three persons, other than relatives, who have knowledge of your character, experience or ability:

Name	Address	Telephone Number	How do you know this person?

List any additional experience and training you have had which in your opinion would qualify you for the position you seek:
(Example: apprenticeships, technical skills, foreign languages spoken/written, etc)

IMPORTANT

It is the responsibility of the applicant to read the following before signing:

Applicant's name (please print)

I certify that the answers given herein on this application of employment with Delta County are true and complete. I understand that any falsification or willful omission made in my application, resume or interview(s) shall be sufficient cause for dismissal or refusal of employment, whenever discovered. I understand that the information provided in my application, resume and interviews may be investigated, and I hereby authorize each former employer, whether given as a reference or not, to answer any questions and furnish any information sought by the County concerning any qualifications for employment. Depending on the department and position applied for, I understand that such investigation may include a full criminal history and FBI records check and driver's license check. I hereby release the County and all third parties supplying information to the County from all liability, including liability caused by negligence, arising from reference and background checks conducted by or on behalf of the employer about me. I also understand that this application is subject to the Open Records Act and may be released as a public document.

I understand that my employment is at the discretion of the Commissioners' Court or elected Department Head concerned, and that Delta County is an employment-at-will employer, which means that I may resign at any time and the County may terminate my employment at any time for any legal reason or no reason.

I understand that Delta County may elect to pay compensation or cash overtime as allowed under Fair Labor Standards Act.

I understand that my employment is contingent upon successful completion of a conditional post-employment offer fitness for duty examination, which will (depending on position) include a drug screen or drug and alcohol screen. Health care providers of the County's selection will conduct this examination. I certify that I will fully and truthfully answer any questions asked by the health care providers or staff. I understand that a positive result from the drug or alcohol screen will eliminate me from consideration from any County job for one year. While employed, if my department head requests, I will submit to additional job related physical examinations by health care providers of the County's selection for the purpose of determining my fitness for continued employment. If injured during the course of employment, I will promptly report such injury to my supervisor or department head. If medical treatment for a work related injury or illness is necessary or requested I will submit to treatment or examination by health care providers available through my employer's workers compensation alliance.

I understand that some departments of the County have an Employee Handbook or policies, which describe additional obligations, terms and conditions of employment. I agree to promptly familiarize myself with the terms of such documents and abide thereby, if applicable. I understand and agree that all benefits, programs, rules and policies of the County are subject to exceptions or change at any time, as decided by the County.

I certify that I have carefully read each provision of this application for employment and that I have been given an opportunity to ask questions concerning any provision, which I do not fully understand.

This application must be signed.

Signature _____ Date _____

ADDITIONAL SKILLS:

Please indicate your experience/skills/abilities in the following areas:

Typing Speed:	Skills:	Clerical Experience:	No. Of Years
† Below 40 wpm	10-Key by touch _____	Receptionist	_____
† 40-49 wpm	Excel _____	Data Entry	_____
† 50-59 wpm	Word _____	Bookkeeping	_____
† 60-69 wpm	Power Point _____	Filing	_____
† Above 70 wpm	Adobe Acrobat _____	Purchasing	_____
	Other Software _____	Secretarial	_____
	Other Software _____	Records Management	_____†
	Shorthand – speed _____	Cashier	_____
	Court Reporting _____	Other _____	_____
	Other _____	_____	_____
	_____	_____	_____
	_____	_____	_____

LABOR/MAINTENANCE/SKILLED CRAFT/EQUIPMENT OPERATION

Please indicate your experience/skills/abilities in the following areas:

Skill Areas	No. Of Years Exp.	Equipment Operated	No. Of Years Exp.
Concrete finishing	_____	Water Truck	_____
Welding	_____	Chip Spreader	_____
Asphalt work	_____	Backhoe	_____
Surveying	_____	Front End Loader	_____
Setting grades	_____	Bulldozer	_____
Flagging	_____	Track hoe	_____
Plumbing	_____	Tractor Trailer	_____
Painting	_____	Tractor with mower	_____
Carpentry	_____	Hydraulic excavator	_____
Electrical	_____	Motor grader	_____
HVAC	_____	Dump truck	_____
Auto mechanic	_____	Winch truck	_____
Heavy equip. Mechanic	_____	Roller-packer	_____
Sign maintenance	_____	Pneumatic roller	_____
Grounds keeping/landscaping	_____	Other _____	_____
Road maintenance/construction	_____		
Other _____	_____		

Delta County is an Equal Opportunity Employer. We request that you provide the following information, which is used to study recruitment and employment patterns and to provide statistical data to federal compliance agencies. This information will be kept separate from your application and kept confidential and will in no way be used in consideration of your application for employment. **Completion of this portion of the form is voluntary.** Failure to provide this information will not jeopardize your opportunity for employment with Delta County.

Check the most appropriate blank:

<input type="checkbox"/>	Male	<input type="checkbox"/>	White	<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Female	<input type="checkbox"/>	Black	<input type="checkbox"/>	Asian or Pacific Islander
		<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Other: _____

What led you to apply with the County:

<input type="checkbox"/>	Stopped in to check on available jobs	<input type="checkbox"/>	Texas Work Force Commission	<input type="checkbox"/>	Newspaper
<input type="checkbox"/>	Referral by a County Employee	<input type="checkbox"/>	Delta County Website	<input type="checkbox"/>	Internet Search
<input type="checkbox"/>	Other: _____				

Your Date of Birth: _____