

HARRISON COUNTY
Human Resources Dept.
200 W. Houston, Room 328
Marshall, TX 75670
velmam@co.harrison.tx.us

(903)923-4018-OFFICE
(903) 935-4800-FAX
www.harrisoncountytexas.org

APPLICATION FOR EMPLOYMENT

PLEASE READ THESE INSTRUCTIONS PRIOR TO COMPLETING THIS APPLICATION

1. Thank you for your interest in employment opportunities with Harrison County. Applications are accepted for posted positions only. You are welcome to apply for more than one position; however, **YOU MUST COMPLETE A SEPARATE APPLICATION FOR EACH POSITION YOU WISH TO APPLY FOR.** Applications are valid for the duration of each announcement.
 2. Please complete this application in type or neat, legible print (using black or blue ink). A resume and /or other documents will not be accepted in lieu of a completed application; however, you may submit 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 educational requirements, skills, knowledge, abilities, qualifications, and experience will be evaluated based upon the information you provide in this application. Your application will be referred to the hiring department only if the minimum requirements as described in the Job Vacancy Notice are met. If you are selected for an interview, you will be contacted by the Human Resources Department.
 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 Harrison 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 will be conducted on all applicants as permitted by law. **Comments such as “See Resume” are not acceptable and may result in the application being considered incomplete.**
 5. Harrison 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. A physical examination, Agility testing, driving record, and/or criminal history check may also be required after a conditional offer has been extended.
 6. This application and any accompanying document(s) submitted for consideration of employment become property of Harrison County and will not be returned to the applicant.
 7. This application becomes public record and is subject to disclosure in accordance with the Texas Government Code Ann. § 552-Public Information Act.
-

**Harrison County is an EQUAL OPPORTUNITY employer
Promoting DIVERSITY And a DRUG-FREE work environment**

Human Resources Department
Harrison County Courthouse
200 W. Houston, Room 328
Marshall, TX 75670
(903) 923-4018
velmam@co.harrison.tx.us

Fax: (903) 935-4800

Harrison County Website:

www.harrisoncountytexas.org

Harrison County Employment Application

An Equal Opportunity Employer

It is the policy of Harrison County not to discriminate in employment on the basis of race, religion, color, age, national origin, sex, marital status, veteran status or disability. To request a reasonable accommodation or other assistance, contact the Human Resources Department at (903) 923-4018, or mail your request to the address above.

Name _____ Date _____
(Last) (First) (Middle)

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

Telephone _____ Cell Number _____ Social Security No. _____
(Home)

Position Applied For _____ Department _____

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

May we contact your present employer: Yes No

PREVIOUS EMPLOYMENT: 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. (Attach additional sheets if needed). Any applicant providing unrequested information might be rejected.

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

(3) Previous Employer		Phone No.
Address	Date started	Date Left
Supervisor	Your title	Salary
Description of Work		
Reason for Leaving/Wanting to Leave		
(4) Previous Employer		Phone No.
Address	Date started	Date Left
Supervisor	Your Title	Salary
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 Business-Correspondence School Name Location	No. Of Years	Major Area Of Study	Semester Hours	Degrees Granted

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

Military Service of the United States:

Branch of Service _____ List any relevant job-related skills during military service (you may be required to provide a copy of form DD214). _____

Personal Data:

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

Have you previously worked for Harrison County? Yes No If so, 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)

Do you use any Tobacco Products: Yes No Are you at least 18 years of age: Yes No

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

Are you currently under indictment for any crime? Yes No If yes, state nature of indictment, date, and location of case(s). _____

Have you ever: been convicted, pled guilty, pled no contest, or received deferred adjudication or probation for and criminal act?*

Yes No *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 Harrison County if hired.)

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)

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 _____ Number _____ Expiration Date _____

Type _____ Number _____ Expiration Date _____

Are you related by blood or marriage to any Harrison County employee/official? Yes No

Name Where Employed Relationship

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

Name	Address	Occupation	Telephone Number

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) _____

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

IMPORTANT

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

I certify that the answers given herein 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. 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 Harrison 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 or no reason.

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. 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 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 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 is necessary or requested, I will submit to treatment or examination by health care providers of my selection.

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 _____

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

Typing Speed:	Skills:	Clerical Experience:	No. Of Years
<input type="checkbox"/> Below 40 wpm	<input type="checkbox"/> 10-Key by touch	<input type="checkbox"/> Receptionist	_____
<input type="checkbox"/> 40-49 wpm	<input type="checkbox"/> Excel	<input type="checkbox"/> Data Entry	_____
<input type="checkbox"/> 50-59 wpm	<input type="checkbox"/> Word	<input type="checkbox"/> Bookkeeping	_____
<input type="checkbox"/> 60-69 wpm	<input type="checkbox"/> Word Perfect	<input type="checkbox"/> Filing	_____
<input type="checkbox"/> Above 70 wpm	<input type="checkbox"/> Power Point	<input type="checkbox"/> Purchasing	_____
	<input type="checkbox"/> Other word processing _____	<input type="checkbox"/> Secretarial	_____
	<input type="checkbox"/> Other Software _____	<input type="checkbox"/> Records Management	_____
	<input type="checkbox"/> Quattro Pro	<input type="checkbox"/> Cashier	_____
	<input type="checkbox"/> AS/400 Mainframe	<input type="checkbox"/> Other _____	_____
	<input type="checkbox"/> Shorthand – speed _____	_____	_____
	<input type="checkbox"/> Court Reporting	_____	_____
	<input type="checkbox"/> 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.
<input type="checkbox"/> Concrete finishing	_____	<input type="checkbox"/> Water Truck	_____
<input type="checkbox"/> Welding	_____	<input type="checkbox"/> Chip Spreader	_____
<input type="checkbox"/> Asphalt work	_____	<input type="checkbox"/> Backhoe	_____
<input type="checkbox"/> Surveying	_____	<input type="checkbox"/> Front End Loader	_____
<input type="checkbox"/> Setting grades	_____	<input type="checkbox"/> Bulldozer	_____
<input type="checkbox"/> Flagging	_____	<input type="checkbox"/> Track hoe	_____
<input type="checkbox"/> Plumbing	_____	<input type="checkbox"/> Tractor Trailer	_____
<input type="checkbox"/> Painting	_____	<input type="checkbox"/> Tractor with mower	_____
<input type="checkbox"/> Carpentry	_____	<input type="checkbox"/> Hydraulic excavator	_____
<input type="checkbox"/> Electrical	_____	<input type="checkbox"/> Motor grader	_____
<input type="checkbox"/> HVAC	_____	<input type="checkbox"/> Dump truck	_____
<input type="checkbox"/> Auto mechanic	_____	<input type="checkbox"/> Winch truck	_____
<input type="checkbox"/> Heavy equip. Mechanic	_____	<input type="checkbox"/> Roller-packer	_____
<input type="checkbox"/> Sign maintenance	_____	<input type="checkbox"/> Pneumatic roller	_____
<input type="checkbox"/> Grounds keeping/landscaping	_____	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Road maintenance/construction	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____

Harrison 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 Harrison County.

Check the most appropriate blank:

- | | | |
|---------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> White | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Female | <input type="checkbox"/> Black | <input type="checkbox"/> Asian |
| | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |

If "Other", please specify: _____

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"/> Referred by a County employee | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Other (please list) _____ | <input type="checkbox"/> Harrison County Website |

Revised 2/25/2008
Revised 1/7/2014