



512-756-5489

BURNET COUNTY, TEXAS EMPLOYMENT APPLICATION

220 S. Pierce Burnet, TX 78611

sdenton@burnetcountytexas.org

All applications for employment must be submitted using this form. Resumes will be accepted only as a supplement to an application. Fill out application form completely. If questions are not applicable, enter "NA". **Do not leave questions blank.** If completed by hand, please print neatly. Please use black or blue ink only. This application becomes public record and is subject to disclosure.

Burnet County is an Equal Opportunity Employer. Federal and State laws prohibit discrimination in employment practices because of race, color, religion, sex, age, national origin, or disability.

POSITION APPLIED FOR:

PERSONAL

Name: <small>(Last, First, Middle)</small>		SSN:	
Address:		Telephone:	
City:	State:	Zip:	Email:
Driver's License:	State:	Are you eligible to work in the United States? Yes No	
Are you or have you been employed with Burnet County?	Yes No	Presently Employed From:	Previously Employed From: To:
Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes No			
If your answer is "Yes", explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.			

EDUCATION

Do you have a high school diploma or GED?	Yes	No	Name of school:	
	Vocational/Technical	College/University	College/University	
School Name				
School Address				
City, State, Zip Code				
Semester Hours Completed				
Major/Minor				
Degree Earned/Date				

SKILLS/EXPERIENCE

Do you have military experience?	Yes	No	Branch:	Type of Discharge:
Are you bilingual?	Yes	No	Language(s):	
Approximately how many words per minute do you type?				
List all job related training or skills you possess and machines or office equipment you can use, such as calculators, computer equipment/software, etc. Road & Bridge applicants please list heavy equipment you are qualified to operate.				

LICENSES/CERTIFICATES

Type

Number

EMPLOYMENT HISTORY

List all employment (including military service) beginning with most recent position. Add pages as needed.

Job Title				Description of Work:			
Employer			Telephone Number				
Address		City	State	Zip Code			
Supervisor				May we contact this employer?			
				Yes No			
Dates Employed		Hourly Rate/Salary	Hours Per Week		Specific Reason for Leaving/Seeking New Position:		
From	To						
Job Title				Description of Work:			
Employer			Telephone Number				
Address		City	State	Zip Code			
Supervisor				May we contact this employer?			
				Yes No			
Dates Employed		Hourly Rate/Salary	Hours Per Week		Specific Reason for Leaving/Seeking New Position:		
From	To						
Job Title				Description of Work:			
Employer			Telephone Number				
Address		City	State	Zip Code			
Supervisor				May we contact this employer?			
				Yes No			
Dates Employed		Hourly Rate/Salary	Hours Per Week		Specific Reason for Leaving/Seeking New Position:		
From	To						
Job Title				Description of Work:			
Employer			Telephone Number				
Address		City	State	Zip Code			
Supervisor				May we contact this employer?			
				Yes No			
Dates Employed		Hourly Rate/Salary	Hours Per Week		Specific Reason for Leaving/Seeking New Position:		
From	To						



I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal.

I understand that all such information is subject to verification by Burnet County, and hereby give my consent to Burnet County to investigate my background and qualifications using any means, sources, and outside investigators at its disposal.

I agree to undergo any type of drug and/or alcohol testing that Burnet County may require at any time.

Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or Burnet County may terminate my employment at any time, with or without notice or reason.

Applicant Signature

Date



APPLICANT EEO DATA FORM

The information requested below is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment.

This page will be separated from the application.

Position Applied For:	Last Name	First	Middle		
Address	City	State	ZIP Code	Phone	Alternate Phone
Sex	Ethnic Origin				
Male Female	American Indian/ Alaskan Native	Asian/ Pacific Islander	Black	Hispanic	White Other
Date of Birth	How did you first hear of this position?				

American Indian or Alaskan Native

All persons having origins in any of the original peoples of North Alaska and who maintain cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander

All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa. Also persons from the Indian subcontinent, including peoples with national origins from Bangladesh, Bhutan, India, Nepal, Pakistan, Sikkim and Sri Lanka.

Black (Not of Hispanic origin)

All persons having origins in and of the Black racial groups of Africa.

Hispanic

All persons of Mexican, Puerto Rican, Cuban, Central or Sought American, or other Spanish culture or region, regardless of race.

White (Not of Hispanic origin)

All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

X _____
Applicant Signature

_____ Date

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