



Employment Application

Madison County
103 West Trinity, Suite 113 – Madisonville, Texas
77864 (936) 241.6202
donna.cuevas@madisoncountytx.org

Today's Date:	Position Applying For:
Date Available for Work:	Expected Wage/Salary:

PERSONAL INFORMATION

Last Name	First Name	MI
Other names used on official records (maiden, alias, etc.)		
Present Address	City	State
Home Phone # ()	Alternate Phone # ()	E-mail
Driver's License #	Class	State
		Expiration Date

If employed, can you furnish proof of US citizenship or declaration of intent? (Check One) YES NO

Have you ever served in the Armed Services : (Check One) YES NO

Dates of Service: FROM TO Type of Discharge:

Have you ever been convicted of, or have charges pending for, a felony or misdemeanor, other than a minor traffic violation? YES NO

NOTE: This includes offenses for which probation or deferred adjudication was granted.

If "yes", please provide the following information: (If more room is needed, provide on back or attach additional pages)

Date	Nature of Offense	Name of Court	Disposition of Case

IMPORTANT! A conviction record will not necessarily bar employment. Factors such as nature of offense, date, and relationship between the offense and the position for which you are applying will be considered. However, a false statement or omission of any information will bar employment.

Have you previously worked for Madison County? (Check One) YES _____ NO _____ IF "yes", please provide the following information:

Dates of Employment Position/Department

Reason for Leaving:

EDUCATION

If hired, applicants will be required to provide applicable copies of diplomas, degrees and /or transcripts.

HIGH SCHOOL	Did you graduate? YES NO	If "NO", did you obtain a GED? (Check One YES NO)			
		If "NO", check highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12			
COLLEGE	Name	Location	Major or Special Courses	Degree Received	
TRADE / TECHNICAL SCHOOL	Name	Location	Major or Special Courses	Degree Received	

LICENSES, CERTIFICATES & OTHER FORMS OF RECOGNITION

Applicants may be required to provide copies of licenses and certificates.

Type of License or Certificate (CPA, Attorney, Operator, etc.)	Issued By (state or other authority)	Expiration Date

List any Honors or Recognitions you have received.

SKILLS

List all skills you possess and machines or office equipment you can operate or use.

Office Equipment	
Computer Hardware	
Computer Software	
Heavy Equipment	
Bilingual Skills	
Technical/Skilled Craft (mechanic, electrician, engineering, etc.)	
Maintenance Skills (painting, custodial, grounds, etc.)	
Supervisory/ Management	
Customer Services/Interpersonal Relations	
Other Skills	

EMPLOYMENT HISTORY

List positions held in chronological order beginning with the current or most recent employer (including Military Service).

From (Mo/Yr)	To (Mo/Yr)	Employer Name	Employer Address	Employer Phone #
				()
Supervisor's Name and Title:			May we contact this employer? (Check One) YES NO	
Position Held:			Beginning Wage/Salary:	Ending Wage/Salary:
Briefly describe job duties:				

Reason(s) for leaving or desiring change:

From (Mo/Yr)	To (Mo/Yr)	Employer Name	Employer Address	Employer Phone #
				()
Supervisor's Name and Title:			May we contact this employer? (Check One) YES NO	
Position Held:			Beginning Wage/Salary:	Ending Wage/Salary:
Briefly describe job duties:				

Reason(s) for leaving or desiring change:

From (Mo/Yr)	To (Mo/Yr)	Employer Name	Employer Address	Employer Phone #
				()
Supervisor's Name and Title:			May we contact this employer? (Check One) YES NO	
Position Held:			Beginning Wage/Salary:	Ending Wage/Salary:
Briefly describe job duties:				

Reason(s) for leaving or desiring change:

From (Mo/Yr)	To (Mo/Yr)	Employer Name	Employer Address	Employer Phone #
				()
Supervisor's Name and Title:			May we contact this employer? (Check One) YES NO	
Position Held:			Beginning Wage/Salary:	Ending Wage/Salary:
Briefly describe job duties:				

Reason(s) for leaving or desiring change:

Please explain any gaps in employment history:

Employment, Professional, and/or Academic References

(Please complete all sections)

Name		Years Known
Organization Where Person Is Employed	Address of Company or Person	Telephone Number ()
Name		Years Known
Organization Where Person Is Employed	Address of Company or Person	Telephone Number ()
Name		Years Known
Organization Where Person Is Employed	Address of Company or Person	Telephone Number ()

Permission is granted to contact the above references other than current employer: (Check One) YES NO

Permission is granted to contact current employer: (Check One) YES NO

I certify that all answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Note: Handwritten signature required.

➤ _____
Signature of Applicant

Date