

# Newton County Employment Application

**\*Please fill out application completely.**

**\*Sign the last page of the application and the background check authorization form.**

**\*Return the completed form to the Treasurer's Office.**

---

In case the office is closed, you may slide the application under the door.

# EMPLOYMENT APPLICATION

**For Human Resources Use Only. Received application on:**

## AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

**All applications must be received by the Treasurer's Office prior to the application deadline.** Please do not write "See Resume." Resumes may be attached as a supplement to this application. Be thorough, since your answers may determine whether or not you will be interviewed or considered for a position.

**PLEASE PRINT IN INK**

NAME (As it appears on Social Security Card/Work Permit Card)	Last <span style="margin-left: 150px;">First</span> <span style="margin-left: 150px;">Middle</span>		
MAILING ADDRESS			
PHYSICAL ADDRESS			
CITY, STATE, ZIP			
HOME TELEPHONE	SECONDARY NUMBER		
DAYTIME TELEPHONE		ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER NAMES YOU HAVE USED:			
POSITION APPLIED FOR:		MIN. SALARY REQUIREMENTS:	\$
CHECK EACH TYPE OF WORK YOU WILL ACCEPT:	<input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> LABOR POOL ("AS NEEDED")	DATE AVAILABLE:	
HAVE YOU EVER BEEN EMPLOYED BY NEWTON COUNTY? <input type="checkbox"/> No <input type="checkbox"/> YES    WHEN?    DEPARTMENT:			
SUPERVISOR:		REASON FOR LEAVING:	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT  <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, Give location, date, charge and disposition of case(s) on page 4 (additional info section).	IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:  DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO D.L.#    STATE	CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?  <input type="checkbox"/> YES <input type="checkbox"/> NO	

# U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

Branch of Service \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
 Dates Served \_\_\_\_\_ Type of Discharge \_\_\_\_\_  
 DD214 is required (please attach).

## EDUCATION

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED				UNITS COMPLETED	DEGREE	MAJOR
				9	10	11	12			
HIGH SCHOOL										
COMMUNITY or JR COLLEGE										
BUSINESS or TRADE SCHOOL										
COLLEGE or UNIVERSITY										
GRADUATE SCHOOL										

## COMPUTER/SKILLS

COMPUTER SKILLS	Name of Software, if applicable	Your Proficiency		
Word Processing		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Other		Multi-line Telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Typing/WPM _____	Calculator by touch <input type="checkbox"/> Yes <input type="checkbox"/> No	Copier/Fax Machine	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR

  

PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)	NAME		DATE	NAME		DATE

Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status

**In order to comply with the Nepotism Policy of Newton County, please list below if you or your spouse is related to any officer or employee of Newton County. If not applicable please write N/A.**

**ADDITIONAL INFORMATION OR TRAINING**

**REFERENCES**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
DAYTIME PHONE \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
(No Relatives)

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
DAYTIME PHONE \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
(No Relatives)

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
DAYTIME PHONE \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
(No Relatives)

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
DAYTIME PHONE \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
(No Relatives)

**EMERGENCY CONTACT**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
BUSINESS PHONE \_\_\_\_\_

## JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

## EMPLOYMENT HISTORY

**THIS PORTION OF THE APPLICATION MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME**

**MAY WE CONTACT YOUR CURRENT EMPLOYER?  YES  NO**

LIST YOUR MOST RECENT EMPLOYER FIRST, INCLUDE U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.  
BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
 BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL  
 BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
 BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL  
 BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
 BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL  
 BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
 BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL  
 BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

\*\*\* VOLUNTARY AFFIRMATIVE ACTION INFORMATION \*\*\*

NEWTON COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment, advancement opportunities, and access to services for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, or any other classification protected by law. As an employer with an Equal Opportunity Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is **OPTIONAL**. If you **choose** to **volunteer** the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OF ANY DATE WILL NOT AFFECT ANY EMPLOYMENT DECISION.

NAME \_\_\_\_\_  
LAST FIRST M.I.

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_

SEX: MALE  FEMALE  BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_  
MO. DAY YEAR

CHECK ALL THAT APPLY: DISABLED  VETERAN  VIET-NAM ERA VETERAN

YOUR RACE/ETHNIC GROUP – CHECK ONE:

AMERICAN INDIAN \_\_\_\_\_, (Indicate Tribal Affiliation) \_\_\_\_\_

ASIAN OR PACIFIC ISLANDER \_\_\_\_\_ BLACK (Non-Hispanic) \_\_\_\_\_ ALASKAN NATIVE \_\_\_\_\_

HISPANIC \_\_\_\_\_ WHITE (Non-Hispanic) \_\_\_\_\_ OTHER (Specify) \_\_\_\_\_

WHAT INFLUENCED YOU TO APPLY FOR EMPLOYMENT WITH THE NEWTON COUNTY? (CHECK ONE)

FRIEND/RELATIVE \_\_\_\_\_ NEWS MEDIA AD \_\_\_\_\_ PRIVATE EMPLOYMENT AGENCY \_\_\_\_\_

NEWTON COUNTY'S WEBSITE \_\_\_\_\_ STATE EMPLOYMENT REFERRAL \_\_\_\_\_

OTHER (Please Specify) \_\_\_\_\_

\*\*\* NOT FOR INTERVIEW PURPOSES – TO BE FILED SEPARATELY \*\*\*

## AUTHORIZATION AND AGREEMENT

I certify that the statements and information contained herein are true, complete and correct to the best of my knowledge, and I authorize any former Employer to release to Newton County, or its authorized representative, any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents verifying my identity and eligibility for employment. In addition, I understand that, true copies of all degrees, certificates, or licenses listed on this application must be attached to be considered and before any employment decision can be made. A photocopy of this authorization shall be as valid as the original.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Human Resources Supervisor.

I understand that this application remains current for 180 days. At the conclusion of that time, if I have not heard from Newton County and still wish to be considered for employment, it will be necessary to reapply and fill out a new application when a position is posted. I understand that the County has Personnel Policies which describe additional obligations, terms, and conditions of employment. If selected for employment, I agree to promptly familiarize myself with the terms of such documents and abide thereby. 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. Furthermore, the County will have the right to change your location for work, your salary and benefit programs, its personnel policies and any other privilege or condition of employment at any time for any reason, with or without prior notice.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. Newton County operates under the legal doctrine of employment-at-will and, within requirements of state and federal law regarding employment, can dismiss an employee at any time, with or without notice, for any reason or no reason.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME OF APPLICANT \_\_\_\_\_

Send Applications To:

Newton County  
Attn: Treasurer's Office  
P O Box 296  
Newton, Texas 75966  
Phone 409-379-8127  
Fax 409-379-5623

Thank you for your interest in employment opportunities with Newton County.

# AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below.  
Your written authorization is necessary for completion of the  
application process.

I, \_\_\_\_\_, hereby authorize the County of Newton to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I further authorize the County to obtain my criminal history and driving record from the Texas Department of Public Safety and to reveal that information to my prospective employer. I understand that the County of Newton will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

\_\_\_\_\_  
Signature of Employee Applicant

\_\_\_\_\_  
Date