

Wichita County CSCD Employment Application

600 Scott Street • Wichita Falls, Texas 76301 • Office (940) 766-8213 • Fax (940) 766-8109

FILL OUT THIS APPLICATION CLEARLY AND COMPLETELY. In order to be eligible for employment, an application must be submitted for each position as it becomes available. Applications and attachments, once submitted, become the property of Wichita County CSCD and are not to be returned.

Position			Date of Application			Date Available			
Last Name		First Name		Middle Name		Home Telephone #		Alternate Telephone #	
Street Address				City		State	Zip	County	
Social Security Number		Drivers License Number		State			Class		
WORKING CONDITIONS									
If it were REQUIRED for the performance of the job, would you work:									
Overtime		<input type="checkbox"/> Yes <input type="checkbox"/> No		Evenings		<input type="checkbox"/> Yes <input type="checkbox"/> No		Nights	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rotating Shifts		<input type="checkbox"/> Yes <input type="checkbox"/> No		Weekends		<input type="checkbox"/> Yes <input type="checkbox"/> No		Holidays	<input type="checkbox"/> Yes <input type="checkbox"/> No
EDUCATION, TRAINING AND OTHER JOB-RELATED INFORMATION									
High School			City		State	Did you graduate?		Are you at least 21 years of age?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you did not graduate from High School, list highest grade completed:						GED <input type="checkbox"/> No <input type="checkbox"/> Yes/Date received:			
	Name	City	State	Hours Completed	Dates Attended		Type of Degree	Major	
					From	To			
College									
Trade School									
Other									
List certifications, licenses, professional registrations or other credentials									
Check any skills you have:						Have you ever taken a typing test with TWC?			
<input type="checkbox"/> Type _____ WPM		<input type="checkbox"/> Ten Key By Touch				<input type="checkbox"/> No <input type="checkbox"/> Yes/Date _____			
<input type="checkbox"/> Shorthand _____ WPM		<input type="checkbox"/> Personal Computer							
<input type="checkbox"/> Bilingual _____		<input type="checkbox"/> Dictaphone				Have you worked for the Wichita County CSCD before?			
<input type="checkbox"/> Other _____						<input type="checkbox"/> No <input type="checkbox"/> Yes/Date _____			
Except for minor traffic violations, have you ever been convicted of a felony or a misdemeanor?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been placed on probation?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Has a court found evidence substantiating your guilt in a crime and deferred proceedings?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
If the answer is YES to any of the above questions, describe all incidents on an additional sheet of paper.									
PERSONAL REFERENCES									
Name two persons not related to you who have knowledge of your character, ability and experience in a work situation.									
Name		Address		City		State	Zip	Telephone Number	Occupation
RELATIVES EMPLOYED BY WICHITA COUNTY CSCD									
Name			Department			Relationship			

AN EQUAL OPPORTUNITY EMPLOYER

1. The Work History must be completed in order for your application to be accepted and considered.
2. Please list most recent job first, including relevant volunteer experience.
3. Additional information, including resumes, may be attached to support but not replace, the fully completed application.
4. Copies of all required licenses, certifications and other documentation must be attached to the application upon submission.
5. No additional information will be accepted for consideration after the closing date.
6. If hired, you must provide documentation verifying your identity and authorization to work in the United States within 3 days from the date of hire.

Date of Employment		Employer's Name		
From (Month/Year)	To (Month/Year)	Complete Address		
		City/State/Zip		Telephone Number
Type of Business		Job Title	Starting Salary	Final Salary
Supervisor's Name/Title		Reason For Leaving		
Description of Duties				

Date of Employment		Employer's Name		
From (Month/Year)	To (Month/Year)	Complete Address		
		City/State/Zip		Telephone Number
Type of Business		Job Title	Starting Salary	Final Salary
Supervisor's Name/Title		Reason For Leaving		
Description of Duties				

Date of Employment		Employer's Name		
From (Month/Year)	To (Month/Year)	Complete Address		
		City/State/Zip		Telephone Number
Type of Business		Job Title	Starting Salary	Final Salary
Supervisor's Name/Title		Reason For Leaving		
Description of Duties				

AN EQUAL OPPORTUNITY EMPLOYER

Date of Employment		Employer's Name		
From (Month/Year)	To (Month/Year)	Complete Address		
		City/State/Zip		Telephone Number
Type of Business		Job Title	Starting Salary	Final Salary
Supervisor's Name/Title		Reason For Leaving		
Description of Duties				
Date of Employment		Employer's Name		
From (Month/Year)	To (Month/Year)	Complete Address		
		City/State/Zip		Telephone Number
Type of Business		Job Title	Starting Salary	Final Salary
Supervisor's Name/Title		Reason For Leaving		
Description of Duties				

Information/Reference Release

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

1. I authorize the Wichita County CSCD to investigate all statements in this application. I affirm that this information is accurate and correct. I authorize the Wichita County CSCD to secure any necessary information from my former employers, references, and academic institutions. I authorize the Wichita County CSCD to perform a criminal and driving history records check. I hereby release these employers, references, and academic institutions and the Wichita County CSCD from any liability arising from the giving or receiving of this information about my employment history, my academic credentials, qualifications, criminal/driving history, and/or my suitability for employment with the Wichita County CSCD.
2. I am aware that this is an application and not an offer of employment, and neither is this contract (implied or verbal) with the Wichita County CSCD. I am aware that by signing this, the Wichita County CSCD has in no way made any offer of employment at a future date.
3. I am aware that any false statements made on my application (and/or resumes, documents, etc.) with the specific intent to mislead the Wichita County CSCD and/or to intentionally hide damaging job related information that may affect my performance on the job and place the Wichita County CSCD at liability may be grounds for dismissal if I am hired, regardless of the length of my employment with the Wichita County CSCD.
4. I am aware that the Wichita County CSCD is an AT WILL EMPLOYER and if I am offered a job, I do not have any contracts with the Wichita County CSCD, implied, verbal, or actual. I am at liberty to terminate my employment without notice and the Wichita County CSCD is able to change any policy in existence without notifying me in advance.

I authorize the Wichita County CSCD to contact my current employer. Yes No

Signature of Applicant

Date

AN EQUAL OPPORTUNITY EMPLOYER: It is the policy of the Wichita County CSCD to recruit, hire, train, and promote persons in all job categories without regard to race, color, national origin, religion, sex, age, or handicap. It is the policy of the Wichita County CSCD to consider the best-qualified individuals according to ADA standards. Requested reasonable accommodations will be considered and final accommodation determinations will be done by the Director of the CSCD. Contact the CSCD Director for special needs at (940) 766-8213.