



**KING COUNTY, TEXAS
APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer

It is King County's policy to comply fully with all federal, state, and local equal employment opportunity laws. King County 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.

PLEASE TYPE OR PRINT IN INK

NAME: (As it appears on Social Security Card/Work Permit Card)		Last	First	M.I.
ADDRESS:				
CITY/STATE/ZIP:				
EMAIL ADDRESS:				
PHONE:		DAYTIME PHONE:		
ARE YOU AT LEAST 18 YEARS OF AGE? YES _____ NO _____		IF YOU ARE APPLYING FOR LAW ENFORCEMENT ARE YOU AT LEAST 21 YEARS OF AGE? YES _____ NO _____		
OTHER NAMES YOU HAVE USED:				
POSITION APPLIED FOR:	SALARY RANGE REQUIREMENTS:			
REFERRED BY:	DATE AVAILABLE:			
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? YES _____ NO _____		WHEN:	DEPARTMENT:	
SUPERVISOR:	REASON FOR LEAVING:			
HAVE YOU EVER BEEN CONVICTED OF A FELONY AND/OR MISDEMEANOR? YES _____ NO _____				
IF YOU ANSWERED YES TO THE ABOVE QUESTION, GIVE DATE, CHARGE, AND DISPOSITION OF CASE(S) ON A SEPARATE PAGE.				
<i>A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT</i>				
IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:		DO YOU HAVE A CURRENT, VALID DRIVERS LICENSE? YES _____ CLASS _____ NO _____ DL# _____ STATE _____		
CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES _____ NO _____				
U.S. MILITARY SERVICE				
IF YOU HAVE SERVED IN THE U. S. MILITARY, PLEASE PROVIDE THE FOLLOWING INFORMATION:		BRANCH OF SERVICE:		
DATES SERVED: FROM: _____ TO: _____				

Applicant's Name: _____

EDUCATION/SKILLS					
EDUCATION LEVEL	NAME , CITY, STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL		9 10 11 12			
COMMUNITY OR JUNIOR COLLEGE		1 2			
BUSINESS OR TRADE SCHOOL		1 2			
COLLEGE OR UNIVERSITY		1 2 3 4			
GRADUATE SCHOOL					
COMPUTER SOFTWARE SKILLS					
COMPUTER SOFTWARE	NAME OF SOFTWARE	YOUR PROFICIENCY WITH THE SOFTWARE			
Word Processing		Skilled ____ Competent ____ Familiar ____			
Spreadsheet		Skilled ____ Competent ____ Familiar ____			
Other		Skilled ____ Competent ____ Familiar ____			
LICENSES/CERTIFICATIONS/ORGANIZATIONS					
PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER AND STATE	EXPIRATION MO/YR	
PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related) <small>Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status.</small>	NAME			DATE	
JOB RELATED TRAINING					
NAME OF COURSE				YEAR COMPLETED	

EMPLOYMENT HISTORY

NOTE: This portion must be completed even if supplemented by resume.

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first. Employment history should include each position held, even those with the same employer.
2. Employer Addresses must be complete mailing addresses, including zip code.
3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills, and qualifications for each position you have held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application.

NAME:	FIRST	LAST	M.I.
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Position Title: Employer: Mailing Address: City/State/Zip: Employers' Telephone No:	Immediate Supervisor's Name: Title: Telephone No.:
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Full-time _____ Part-Time _____ Summer _____ Temp/Project _____	Average # of hours worked per week if part-time _____
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Starting Date: _____	Leaving Date: _____	Current/Final Salary: _____
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Technical _____	Non-Managerial _____	Supervisory/Managerial _____	If supervisory, # of employees you supervised _____
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Summary of experience including special training/skills/qualifications you have used in the performance of this job:

SPECIFIC REASON FOR LEAVING:

Applicant's Name: _____

Position Title: Employer: Mailing Address: City/State/Zip: Employers' Telephone No:	Immediate Supervisor's Name: Title: Telephone No.:
Full-time _____ Part-Time _____ Summer _____ Temp/Project _____	Average # of hours worked per week if part-time _____
Starting Date: _____ Leaving Date: _____	Current/Final Salary: _____
Technical _____ Non-Managerial _____ Supervisory/Managerial _____	If supervisory, # of employees you supervised _____
Summary of experience including special training/skills/qualifications you have used in the performance of this job:	

SPECIFIC REASON FOR LEAVING:

Position Title: Employer: Mailing Address: City/State/Zip: Employers' Telephone No:	Immediate Supervisor's Name: Title: Telephone No.:
Full-time _____ Part-Time _____ Summer _____ Temp/Project _____	Average # of hours worked per week if part-time _____
Starting Date: _____ Leaving Date: _____	Current/Final Salary: _____
Technical _____ Non-Managerial _____ Supervisory/Managerial _____	If supervisory, # of employees you supervised _____
Summary of experience including special training/skills/qualifications you have used in the performance of this job:	

SPECIFIC REASON FOR LEAVING:

Applicant's Name: _____

REFERENCES

(No relatives)

NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
DAYTIME PHONE:	
RELATIONSHIP:	

NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
DAYTIME PHONE:	
RELATIONSHIP:	

NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
DAYTIME PHONE:	
RELATIONSHIP:	

NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
DAYTIME PHONE:	
RELATIONSHIP:	

AUTHORIZATION

I HEREBY AUTHORIZE YOU TO CONTACT:	MY PRESENT EMPLOYER(S) :	YES _____	NO _____
	MY PAST EMPLOYERS:	YES _____	NO _____

DISCLAIMER/SIGNATURE

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

"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 King County, and hereby give my consent to King County to investigate my background and qualifications using any means, sources, and outside investigators at its disposal. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S. I agree to undergo any type of drug and/or alcohol testing according to King County Policies and as required by the Federal DOT Rules. 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 King County may terminate my employment at any time, with or without notice of reason."

THIS APPLICATION MUST BE SIGNED:

_____ SIGNATURE OF APPLICANT	_____ DATE
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