

|             | Office Use Only |
|-------------|-----------------|
| Date Rec'd: |                 |

## APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: All applications for employment with the Hill County Tax Office must be made on this form. Please answer ALL questions. If a question is not applicable, indicate by entering N/A. Resumes will be accepted, but not in place of a completed application.

| Last  |                                     | First                           |                        | Middle        |                           |                   |
|---|-------------------------------------|---------------------------------|------------------------|---------------|---------------------------|-------------------|
| NAME:   |                                     |                                 |                        |               |                           |                   |
|   |                                     |                                 | City                   | State         | Zip                       |                   |
| STREET  |                                     |                                 |                        |               |                           |                   |
| ADDRESS: Area Code  | Number                              | Area                            | a Code Number          |               |                           |                   |
| HOME<br>PHONE:  |                                     | CELL<br>PHONE:                  |                        |               |                           |                   |
| DRIVER'S LICENSE<br>NUMBER:                                       | State Number                        |                                 | CIAL SECURITY<br>MBER: | _             | _                         |                   |
| YES NO  | Please attach additional infor      | mation, if needed, to compl     | lete the following q   | uestions.     |                           |                   |
|   | Can you provide proof of age, if    | hired? All applicants must be   | e at least 18 years o  | f age.        |                           |                   |
|   | Have you ever been convicted o      | of a felony? If yes, provide de | etails:                |               |                           |                   |
|   | Are you legally eligible to work i  | n the United States? (Verifica  | ation will be required | I if hired).  |                           |                   |
| Are you currently employed? May we contact your current employer? |                                     |                                 |                        |               |                           |                   |
|   | Have you ever been employed I       | by Hill County? If YES, Wher    | า?                     |               |                           |                   |
|   | Position:                           |                                 | ason for Leaving:      |               |                           |                   |
| Date available to bec   | gin work:                           |                                 |                        |               |                           |                   |
| EDUCATION   | Name                                | e & Location                    | Majı                   | or Subject(s) | No. of Years<br>Completed | DIPLOMA<br>Degree |
| High School:  |                                     |                                 |                        |               |                           |                   |
| College:  |                                     |                                 |                        |               |                           |                   |
| College:  |                                     |                                 |                        |               |                           |                   |
| Graduate School:  |                                     |                                 |                        |               |                           |                   |
| Other (Trade School):   |                                     |                                 |                        |               |                           |                   |
| Other (Applicable Cours   | se Work):                           |                                 |                        |               |                           |                   |
| U.S. MILITARY SE  | RVICE                               |                                 |                        |               |                           |                   |
| Number of Years Served: Branch of Service:                        |                                     |                                 |                        | Rank at Di    | scharge:                  |                   |
| Duties:   |                                     |                                 |                        |               |                           |                   |
|   | e National Guard or Reserve? Active | e Inactive                      |                        |               |                           |                   |

## **EMPLOYMENT HISTORY**

Please start with your PRESENT/most recent job (including military service if applicable). Please provide employer information for the last 10 years. Please use page 3 to list additional past employment as necessary.

| Phone   Number:   City   State   Zip   |                                   |  |  |
|--|-----------------------------------|--|--|
| Street Address:  Job Title:  To:  Supervisor's Name:  Supervisor's Name:  From:  Reason for Leaving:  Zip  Starting Salary:  Final Salary:  Area Code Number  Phone Number:  City  State  Xip  State  Xip  Xiste  Xip  Xist  Xip  Xiste  Xip  Xist  Xip  Xist  Xip  Xist  Xip  Xist  Xip   | (1) Present/most recent employer: |  |  |
| Street Address:  Job Title:  Dates Employed: From: To:  Reason for Leaving:  Job Duties:  (2) Previous Employer:  Area Code Number Phone Number:  City State Zip  Starting Salary:  Final  |                                   |  |  |
| Address:  Job Title:  Dates Employed: From:  To:  Reason for Leaving:  Job Duties:  (2) Previous Employer:  Street Address:  Job Title:  Supervisor's Name:  Area Code Number Phone Number:  City State Zip  Street Address:  Job Title:  Dates Employed: From: To:  Reason for Leaving:  Job Duties:  |                                   |  |  |
| Job Title:  Dates Employed: From: To:  Starting Salary: From: From: Reason for Leaving:  Job Duties:  (2) Previous Employer:  Area Code Number Phone Number: City State Zip  Street Address:  Job Title:  Dates Employed: From: To:  Supervisor's Name:  Starting Salary: From: From: To:  Supervisor's Name:  Starting Salary: From: From: To:  |                                   |  |  |
| Dates Employed: From: To:  Reason for Leaving:  Job Duties:  (2) Previous Employer:  (2) Previous Employer:  To:  Street Address:  Job Title:  Dates Employed: Final Salary:  Starting Salary:  Final Sal |                                   |  |  |
| From: To: Reason for Leaving:  Job Duties:  (2) Previous Employer:  (2) Previous Employer:  Street Address:  Job Title:  Dates Employed: From: To:  Reason for Leaving:  Job Duties:   |                                   |  |  |
| Job Duties:  (2) Previous Employer:  (2) Previous Employer:  (3) Previous Employer:  (4) Phone    Number   | . ,                               |  |  |
| (2) Previous Employer:  Area Code Number  Phone Number:  City State Zip  Street Address:  Job Title:  Dates Employed: From: To:  Reason for Leaving:  Job Duties:  | Reason for Leaving:               |  |  |
| Phone Number: City State Zip  Street Address: Job Title:  Dates Employed: From: To:  Reason for Leaving: Job Duties:   | Job Duties:                       |  |  |
| Number: City State Zip  Street Address:  Job Title:  Dates Employed: From: To:  Reason for Leaving:  Job Duties:   | (2) Previous Employer             |  |  |
| Street Address:  Job Title:  Dates Employed: From: To:  Reason for Leaving:  Job Duties:  City State Zip  City State Zip  City State Zip  Supervisor's Name:  Final Salary: Final Salary:  |                                   |  |  |
| Address:  Job Title:  Dates Employed: From:  To:  Reason for Leaving:  Job Duties:  Supervisor's Name:  Final Salary:  Final S |                                   |  |  |
| Job Title:  Dates Employed: From: To:  Reason for Leaving:  Job Duties:  |                                   |  |  |
| Dates Employed: From: To:  Reason for Leaving:  Job Duties:  |                                   |  |  |
| From: To:  Reason for Leaving:  Job Duties:  | Jod litie:                        |  |  |
| Reason for Leaving:  Job Duties:   | . 3                               |  |  |
| Job Duties:  |                                   |  |  |
|  | Reason for Leaving:               |  |  |
|  | Job Duties:                       |  |  |
| SKILLS   | SKILLS                            |  |  |
| Computers, Office Equipment:   | Computers, Office Equ             |  |  |
| Licenses:  | Licenses:                         |  |  |
| Typing (WPM): 10-Key (KPM):  | Typing (WPM):                     |  |  |
| Other:   | Other:                            |  |  |
| PRE-EMPLOYMENT STATEMENT  Please read the following carefully, then sign and date where indicated:   | PRE-EMPLOYME                      |  |  |
| I authorize the Hill County Tax Assessor/Collector's Office to make any inquiries they desire regarding my employment, education, training   |                                   |  |  |
| ability, habits, and personal character for the purpose of determining my fitness for employement. I understand that misrepresentation or  |                                   |  |  |
| omission of any fact required herein which would affect my application unfavorably or receipt of an unsatisfactory reference will be sufficier cause for termination without liability. This application is not an employment contract. Neither the county nor its employees are bound to  |                                   |  |  |
| continue the employment relationship if either chooses at its will to end the relationship at any time. All employment is at will and the  |                                   |  |  |
| relationship cannot be modified unless done in writing.  |                                   |  |  |
| Applicant's Signature Date   | Applicant's Signature             |  |  |
|  | ··· <u>-</u>                      |  |  |

| (2) Provious Employers |          |                  | ı               | Area Code | Number   |  |
|------------------------|----------|------------------|-----------------|-----------|----------|--|
| (3) Previous Employer: |          |                  |                 | Alea Coue | MAILINGI |  |
|                        |          |                  | Phone<br>Number | ٠.        |          |  |
|                        |          |                  | City            | State     | Zip      |  |
| Street                 |          |                  |                 |           |          |  |
| Address:               |          |                  |                 |           |          |  |
| Job Title:             |          | Super            | visor's Name:   |           |          |  |
| Dates Employed:        |          | Starting Salary: | Final Sa        | alary:    |          |  |
| From:                  | To:      |                  |                 |           |          |  |
| Reason for Leaving:    |          |                  |                 |           |          |  |
| Job Duties:            |          |                  |                 |           |          |  |
|                        |          |                  |                 |           |          |  |
| (4) Previous Employer: |          |                  |                 | Area Code | Number   |  |
|                        |          |                  | Phone           |           |          |  |
|                        |          |                  | Number          |           | 7'       |  |
|                        |          |                  | City            | State     | Zip      |  |
| Street<br>Address:     |          |                  |                 |           |          |  |
| Job Title:             |          | Super            | visor's Name:   |           |          |  |
| Dates Employed:        |          | Starting Salary: | Final Sa        | ılary:    |          |  |
| From:                  | To:      |                  |                 | j         |          |  |
| Reason for Leaving:    | <b>L</b> |                  | •               |           |          |  |
| Job Duties:            |          |                  |                 |           |          |  |
|                        |          |                  |                 |           |          |  |
| (5) Previous Employer: |          |                  |                 | Area Code | Number   |  |
|                        |          |                  | Phone           |           |          |  |
|                        |          |                  | Number          |           | 7'       |  |
|                        |          |                  | City            | State     | Zip      |  |
| Street                 |          |                  |                 |           |          |  |
| Address: Job Title:    |          | Super            | visor's Name:   |           |          |  |
|                        | T        |                  |                 |           |          |  |
| Dates Employed:        | т.       | Starting Salary: | Final Sa        | alary:    |          |  |
| From:                  | To:      |                  |                 |           |          |  |
| Reason for Leaving:    |          |                  |                 |           |          |  |
| Job Duties:            |          |                  |                 |           |          |  |