

## EMPLOYMENT APPLICATION FOR TAYLOR COUNTY COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status, or any other legally protected status. If you require accommodation of a disability in order to complete any portion of the application process, please inform Ms. Jessica Tipton at 674-1247. So that we can have the best opportunity to provide necessary and reasonable accommodation, we ask that you give us a much notice as possible prior to the need.

**(PLEASE PRINT)**

Position Applied For:	Date of Application:		
How Did You Learn About This Position?			
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Other: _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> CSCD Website			
Last Name	First Name	Middle Name	
Street Address	City	State	Zip
Telephone Number (s)			
Home:	Work:	Cell:	
Email Address:	Social Security Number:		

Have you ever filed an application with us?       YES     NO    If yes, when: \_\_\_\_\_

Have you ever interviewed with this department?       YES     NO    If yes, when: \_\_\_\_\_

Have you ever been employed with this department?       YES     NO    If yes, when: \_\_\_\_\_

Do you have any relatives employed by this department or Taylor County?       YES     NO  
 If Yes, Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you currently employed?       YES     NO

May we contact your current employer to verify this?       YES     NO     N/A

Are you legally authorized to work in the United State?       YES     NO  
*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work?      \_\_\_\_\_

Are you available to work?       Full Time     Part Time     Shift Work     Temporary

Are you currently on "lay-off" status and subject to recall?       YES     NO

Can you travel if a job requires it?       YES     NO

Have you ever been convicted, received deferred adjudication, or placed on pre-trial supervision for a misdemeanor or felony offense?       YES     NO  
 If Yes, please explain: \_\_\_\_\_

**PLEASE NOTE:** A record does not constitute an automatic bar to employment; however, failure to disclose your criminal history will result in the disqualification of your application.

# EDUCATION

	Name, City and State of School	Course of Study	Years Completed	Diploma Degree
High School Graduate <input type="checkbox"/> YES <input type="checkbox"/> NO				
Undergraduate College Graduate <input type="checkbox"/> YES <input type="checkbox"/> NO				
Graduate Professional Graduate <input type="checkbox"/> YES <input type="checkbox"/> NO				
Other (Specify) Graduate <input type="checkbox"/> YES <input type="checkbox"/> NO				

Indicate any foreign languages you can speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include all jobs and account for all gaps in employment or at least for the last ten years.

Employer	Dates Employed		Work Performed
	From	To	
Address	Telephone Number(s)		
City and State	Hourly Rate / Salary		
	Starting	Final	
Job Title			
Reason for Leaving	Supervisor's Name		

Employer	Dates Employed		Work Performed
	From	To	
Address	Telephone Number(s)		
City and State	Hourly Rate / Salary		
	Starting	Final	
Job Title			
Reason for Leaving	Supervisor's Name		

Employer	Dates Employed		Work Performed
	From	To	
Address	Telephone Number(s)		
City and State	Hourly Rate / Salary		
	Starting	Final	
Job Title			
Reason for Leaving	Supervisor's Name		

**EMPLOYMENT EXPERIENCE cont.**

Employer	Dates Employed		Work Performed
	From	To	
Address	Telephone Number(s)		
City and State	Hourly Rate / Salary		
	Starting	Final	
Job Title			
Reason for Leaving	Supervisor's Name		

Employer	Dates Employed		Work Performed
	From	To	
Address	Telephone Number(s)		
City and State	Hourly Rate / Salary		
	Starting	Final	
Job Title			
Reason for Leaving	Supervisor's Name		

If you need additional space, please continue on a separate sheet of paper.

Have you ever been discharged or requested to resign from any position?    YES    NO

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p>List professional, trade, business or civic activities and offices held.          You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</p>

**ADDITIONAL INFORMATION**

**Other Qualifications:**

Summarize special job-related skills and qualifications acquired from employment or other experience.


**Specialized Skills:** Please check applicable skills/equipment operated

<input type="checkbox"/> Microsoft Office	<input type="checkbox"/> Fax	Other (list)
<input type="checkbox"/> Windows Operating System	<input type="checkbox"/> PC	_____
<input type="checkbox"/> Internet Explorer	<input type="checkbox"/> Multi-line phone system	_____
<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Calculator/10-key	_____

State any additional information you feel may be helpful to us in considering your application.


**Note to Applicants:** DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?       YES       NO

**Personal References (not relatives or former employers)**

Name: _____	Home: ( ) _____	Cell: ( ) _____
Employer Name: _____ Employer: ( ) _____		
Name: _____	Home: ( ) _____	Cell: ( ) _____
Employer Name: _____ Employer: ( ) _____		
Name: _____	Home: ( ) _____	Cell: ( ) _____
Employer Name: _____ Employer: ( ) _____		
Name: _____	Home: ( ) _____	Cell: ( ) _____
Employer Name: _____ Employer: ( ) _____		

