



Travis County Human Resources Management Department

1010 Lavaca Street, 2nd Floor
(corner of West 11th & Lavaca)
www.co.travis.tx.us

P.O. Box 1748
Austin, TX 78767
(512) 854-9165 Voice

EMPLOYMENT APPLICATION

Travis County is an equal opportunity employer and complies with the Americans with Disabilities Act. If you require an accommodation in order to complete this application, please request assistance from the Travis County Human Resources Office.

Please type or use black ink

PERSONAL

Name:			SSN:
Address			Home Telephone: ()
City:	State:	Zip:	Other Telephone: ()
			Email:

Are you eligible to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you or have you been employed with Travis County?	<input type="checkbox"/> Presently employed	<input type="checkbox"/> Previously employed
<input type="checkbox"/> Yes <input type="checkbox"/> No	From:	From: To:

POSITION APPLIED FOR:

TITLE CODE:

MILITARY SERVICE

Branch of Service:	Dates of Service:
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EDUCATION

Did you graduate High School or achieve a GED?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
University, College, Trade, Business or Correspondence School Completed	Applicants may be required to present proof of graduation	Did you graduate?	
Name of School	Specialty or Major	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Degree Earned/Date	

TRAINING/SKILLS

Are you bilingual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Language:
List training/skills which would qualify you for the position you seek.			

LICENSES/CERTIFICATES

List all current and valid licenses you hold such as Driver, TCLEOSE, Attorney, Engineer, Accountant, etc.		
Type	Number	Expiration Date
Drivers License – Operator/Commercial		

EMPLOYMENT HISTORY

List all employment (including military service) years relevant to the position for which you are applying. Begin with your present or most recent job and work back. Add sheets as needed.

Job Title:	Supervisor Name/Title:	
Employer:	Number of Employees Supervised:	
Address:	Employment Dates: (Month, Year)	
City, State, Zip:	From:	To:
Employer Telephone: ()	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary:
Description of Work:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Reason for leaving:

Job Title:	Supervisor Name/Title:	
Employer:	Number of Employees Supervised:	
Address:	Employment Dates: (Month, Year)	
City, State, Zip:	From:	To:
Employer Telephone: ()	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary:
Description of Work:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Reason for leaving:

EMPLOYMENT HISTORY, continued

List all employment (including military service) years relevant to the position for which you are applying.

Job Title:	Supervisor Name/Title:	
Employer:	Number of Employees Supervised:	
Address:	Employment Dates: (Month, Year)	
City, State, Zip:	From:	To:
Employer Telephone: ()	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary:
Description of Work:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Reason for leaving:

Job Title:	Supervisor Name/Title:	
Employer:	Number of Employees Supervised:	
Address:	Employment Dates: (Month, Year)	
City, State, Zip:	From:	To:
Employer Telephone: ()	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary:
Description of Work:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Reason for leaving:

Job Title:	Supervisor Name/Title:	
Employer:	Number of Employees Supervised:	
Address:	Employment Dates: (Month, Year)	
City, State, Zip:	From:	To:
Employer Telephone: ()	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary:
Description of Work:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Reason for leaving:

EMPLOYMENT HISTORY, continued

List all employment (including military service) years relevant to the position for which you are applying.

Job Title:	Supervisor Name/Title:	
Employer:	Number of Employees Supervised	
Address:	Employment Dates: (Month, Year)	
City, State, Zip:	From:	To:
Employer Telephone: ()	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary:
Description of Work:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Reason for leaving:

BACKGROUND

Have you ever been convicted of any crime other than a minor traffic violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list ALL such offenses: <i>A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated along with your qualifications in relation to the job for which you are applying.</i>		

APPLICATION SOURCE – How did you hear about this job vacancy?

<input type="checkbox"/> Career/Job Fair	<input type="checkbox"/> Travis County Employee
<input type="checkbox"/> TV/Channel 17	<input type="checkbox"/> Texas WorkSource Center
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other:
<input type="checkbox"/> Newspaper	Name:
<input type="checkbox"/> Internet Web Site	Name:

I certify that I have made no willful misrepresentations in this application, nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentation or omissions may cause my application to be rejected.

Signature of Applicant :	Date:
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Travis County New Employee Data Sheet

PERSONAL DATA

The information in this section is required and used by Travis County for statistical reporting to various regulatory agencies and to be in compliance with various statutes and regulations.

Social Security #:	Name:
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Ethnic Origin:

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Two or More Races
<input type="checkbox"/> Black or African American	

Veteran: No Yes (If "Yes", complete section below)

Discharge Date: _____

<input type="checkbox"/> Special Disabled Veteran	<input type="checkbox"/> Recently Separated Veteran
<input type="checkbox"/> Vietnam-Era Veteran	<input type="checkbox"/> Armed Forces Service Medal Veteran
<input type="checkbox"/> Other Protected Veteran	<input type="checkbox"/> Disabled Veteran

TRAVIS COUNTY TEXAS PUBLIC INFORMATION ACT DESIGNATION

The Texas Public Information Act allows employees, public officials, and former employees and officials to elect whether to keep certain information about them confidential. Unless you choose to keep it confidential, the following information about you may be subject to public disclosure if requested under the Texas Public Information Act. Please note that this form must be completed and signed no later than the 14th day after an employee begins employment, a public official is elected or appointed to office, or a former employee or official ends employment or service.

1. If you are a peace officer, you do not need to answer the questions in section 2 because the Texas Public Information Act exempts from public disclosure information relating to a peace officer. Are you a peace officer as defined in the Texas Code of Criminal Procedure, Article 2.12, or a security officer commissioned under Section 51.212 of the Texas Education Code? Yes No

2. If you are not a peace officer, please indicate whether you wish to allow public release of the following information:

	Public Access?	
Home Address	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Home Telephone Number	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Emergency Contact Information	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Social Security Number	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Information that reveals whether you have family members	<input type="checkbox"/> No	<input type="checkbox"/> Yes

TEMPORARY EMPLOYMENT ACKNOWLEDGEMENT

If this box is marked, I acknowledge that I am hired as a temporary employee. I have read and received the Temporary Employment Acknowledgement Form. _____
(Initials)

INTERNAL ORDER (GRANT) POSITION ACKNOWLEDGEMENT

If this box is marked, I acknowledge that I am hired under an internal order (grant). I have read and received the Internal Order Position Acknowledgement Form. _____
(Initials)

Employee's Signature: _____ Date: _____



Travis County General Information Sheet

Employee Information			
Name (As shown on social security card):		Nickname:	
Physical Address:	City:	State:	Zip Code:
Mailing Address:	City:	State:	Zip Code:
Personal E-Mail Address:			
Phone Number:			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		
Date of Birth:	Place of Birth: (State or Foreign Country)	Projected Start Date:	

Emergency Contact Information			
Name:			
Address:	City:	State:	Zip Code:
Primary Phone Number:	Alternate Phone Number:		
E-Mail Address:			

Employee's Signature: _____

Date: _____

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY

In being considered for employment, I _____ do hereby authorize a review and disclosure of all criminal records concerning myself to any duly authorized agent of the Travis County Clerk’s Office. The intent of this authorization is to give my consent for full and complete disclosure of the records of: arrest and conviction records federal, state, and local. I understand that information obtained by this background investigation will be considered in determining suitability for employment with the Travis County Clerk’s Office. I also agree that any person (s) or other entity of institution who may furnish such information concerning me shall not be held accountable for giving this information. I do hereby release said person (s) or entities or institutions from any and all liability which may be incurred as a result of furnishing such information. I also release Travis County Clerk’s Office, Travis County Human Resources Department, its employees and board members from any and all liability which result of releasing such information.

Name (**Print**): _____
Last First Middle

Maiden Name

Date of Birth Social Security Number

Driver’s License Number Sex Race

Signature (include maiden name) Date

By signing this form you are authorizing the release of personal information to be obtained by the Travis County Clerk’s Office annually.

FOR PERSONNEL USE ONLY

CBC date: _____ CBC Status: _____

CBC date: _____ CBC Status: _____

CBC date: _____ CBC Status: _____

CBC date: _____ CBC Status: _____

CBC date: _____ CBC Status: _____

CBC date: _____ CBC Status: _____