



Travis County Human Resources Management Department

700 Lavaca Street, 9th Floor
www.traviscountytexas.gov

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:			
Address:			Home Telephone:
City:	State:	Zip:	Other Telephone:
			Email:

Are you eligible to work in the United States? Yes No

Are you or have you been employed with Travis County? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Presently Employed From:	<input type="checkbox"/> Previously employed From: To:
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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? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of School	Specialty or Major	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 Drivers, 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:

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:		

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:

<p>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.</p>	
Signature of Applicant:	Date: