



# Rockwall County Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sex, marital or veteran status, or any other legally protected status. We are an Equal Opportunity Employer.

<b>Position Applied For:</b>		<b>Date of Application:</b>	
<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	
<b>Residence Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Mailing Address (If Different):</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Email (Optional):</b>	

If you are under 18 years of age, can you provide required proof of your eligibility to work?.....  Yes  No

Have you previously filed an application with the County of Rockwall?.....  Yes  No  
 If yes, give date: \_\_\_\_\_

Have you previously been employed with the County of Rockwall?.....  Yes  No  
 If yes, give date: \_\_\_\_\_

Do you have any friends or relatives working for the County of Rockwall?.....  Yes  No

Are you currently employed?.....  Yes  No

If so, may we contact your present employer?.....  Yes  No

Are you lawfully prevented from being employed in this Country because of Visa or Immigration Status?.....  Yes  No  
 (Note: Verification of employment authorization will be required upon employment.)

Date available for work: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Are you currently on "lay-off" status or subject to recall?.....  Yes  No

Can you travel, if required by the job?.....  Yes  No

How did you hear about our job opening? \_\_\_\_\_

# Employment Experience

Print Last Name: \_\_\_\_\_

Start with your most recent or current job first. Include any job related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. You may substitute a resume' and fill in only requested information that is not on your resume'.

<b>Dates Employed:</b>	<b>From:</b>	<b>To:</b>	<b>Hourly Pay Rate:</b>	<b>From:</b>	<b>To:</b>
<b>Employer:</b>			<b>Job Title:</b>		
<b>Address:</b>			<b>Supervisor's Name:</b>		
<b>Telephone Number:</b>			<b>Reason For Leaving:</b>		
<b>Work Performed:</b>					
<b>Dates Employed:</b>	<b>From:</b>	<b>To:</b>	<b>Hourly Pay Rate:</b>	<b>From:</b>	<b>To:</b>
<b>Employer:</b>			<b>Job Title:</b>		
<b>Address:</b>			<b>Supervisor's Name:</b>		
<b>Telephone Number:</b>			<b>Reason For Leaving:</b>		
<b>Work Performed:</b>					
<b>Dates Employed:</b>	<b>From:</b>	<b>To:</b>	<b>Hourly Pay Rate:</b>	<b>From:</b>	<b>To:</b>
<b>Employer:</b>			<b>Job Title:</b>		
<b>Address:</b>			<b>Supervisor's Name:</b>		
<b>Telephone Number:</b>			<b>Reason For Leaving:</b>		
<b>Work Performed:</b>					
<b>Dates Employed:</b>	<b>From:</b>	<b>To:</b>	<b>Hourly Pay Rate:</b>	<b>From:</b>	<b>To:</b>
<b>Employer:</b>			<b>Job Title:</b>		
<b>Address:</b>			<b>Supervisor's Name:</b>		
<b>Telephone Number:</b>			<b>Reason For Leaving:</b>		
<b>Work Performed:</b>					

If you need additional space, attach a separate sheet of paper.

# Education

Print Last Name: \_\_\_\_\_

You may substitute a resume' and fill in any requested information not on your resume'.

<b>Education</b>	<b>Name &amp; Address of School</b>	<b>Years Completed</b>	<b>Major Course of Study</b>	<b>Diploma or Degree (example: BA Business)</b>
<b>High School</b>				
<b>College</b>				
<b>Other (Be Specific)</b>				

**Describe any beneficial training, specialized skill, apprenticeship or pertinent extra-curricular activity.**

**Describe any job related training received in the United States Military.**

# Additional Information

Print Last Name: \_\_\_\_\_

List of professional, trade, business or civic activities & the office(s) held.

Describe other qualifications, such as job related skills & experience, not previously provided.

**Specialized Skills** (Check Skills & Equipment you know how to operate.)

Terminal     Spreadsheet/Database     Typewriter     Fax     Copier  
 PC/Laptop     Word Processing     Shorthand     Typing (WPM) \_\_\_\_\_

Production/Mobile Machinery:

Others:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

A review of the activities involved in such a job or occupation has been given.     Yes     No

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

**References: Please provide three references.**

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# Applicant's Statement

Print Last Name: \_\_\_\_\_

I certify that my answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and agree that a final step prior to employment may be authorization of a background investigation.

This application for employment shall be considered active for a period not to exceed 45 days. If I wish to be considered for employment beyond this period, I will inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that I may resign at any time, and the County may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the County.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR EMPLOYER USE ONLY

Position(s) Applied For: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position Open:  Yes  No  
 Yes  No  
 Yes  No

Position(s) Considered For: \_\_\_\_\_  
\_\_\_\_\_

Today's Date: \_\_\_\_\_

List of Interviews by Department and Date(s).

1. Date _____	Department # _____	Interviewer _____
2. Date _____	Department # _____	Interviewer _____
3. Date _____	Department # _____	Interviewer _____



**Suggested Questionnaire  
for Self-Identification of Race/Ethnicity/Gender**

**INSTRUCTIONS**

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

**Anti-Discrimination Notice.** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

Rockwall County is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements, which requires the County to invite employment candidates to voluntarily self-identify their race/ethnicity/gender. Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity/gender at this time, the federal government requires Rockwall County to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven race/ethnicity categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

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**INVITATION TO SELF-IDENTIFY**  
PLEASE ANSWER THE FOLLOWING QUESTIONS

NAME \_\_\_\_\_ DATE \_\_\_\_\_ POSITION(S) FOR WHICH YOU ARE APPLYING \_\_\_\_\_

**Gender:**     Male                       Female

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** a person having origins in any of the black racial groups of Africa.
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity.