Wichita County CSCD Employment Application

600 Scott Ave, Suite 101 • Wichita Falls, Texas 76301 • Office (940) 766-8100 • Fax (940) 766-8109

FILL OUT THIS APPLICATION CLEARLY AND COMPLETELY. In order to be eligible for employment, an application must be submitted for each position as it becomes available. Applications and attachments, once submitted, become the property of Wichita County CSCD and are not to be returned.

Position						Date of Application					Date Available						
Last Name First Name				Middle Name			Home Telephone #				Alternate Telephone #				ephone #		
Street Addr	ess				City		Sta	te	Zi	ip		Į.		Cou	nty		
Social Security Number			Drivers License No		umber	State					Class						
WORKING CONDITIONS																	
If it were <u>REQUIRED</u> for the performance of the job, would you work:																	
Overtime	Yes				No					Nights Yes No				0			
		No No			Weekends	=	=	No					_		ř		
EDUCATION, TRAINING AND OTHER JOB-RELATED INFORMATION																	
High School City			City	State			Did you graduate? As Yes No				_	re you at least 21 years of age? Yes No				•	
If you did no	ot graduate from	n High Sc	chool.	list highest g	rade completed	l:		GED 1	No		Yes	s/Dat	te re	ceived	l :		
		<u> </u>			,	Hours		Dates	At	tend	ed		Γ	ype of	•		_
	Name		City	y	State	Complete	d	From			To)egree		Major	
College																	_
																	_
									+								_
Trade																	
School																	
Other																	
						<u> </u>											
List certifica	ations, licenses, p	profession	nal reg	gistrations o	r other credent	ials											
CI I	1 111 1							1 77							•41	TWO	
	kills you have:	WPM				TZ D T		Have yo	u e	_			pıng	g test v	ith	TWC?	
Type					_	Key By Tou		☐ No	l		Yes/D	ate_					-
Shortha		_ WPM			_	sonal Compu	ter	Have vo	11 W	ork	ed for	· the	Wi	chita ('our	ty CSCD	
Bilingua	ıl				Dic	taphone		before?		0111			,,,			, esez	
Other No Yes/Date																	
Except for n	ninor traffic viol	ations, h	ave yo	ou ever been	convicted of a f	elony or a mi	isdeı	meanor?			Ye	s [1	No			
Have you ever been placed on probation?											Ye	s [1	No			
Has a court found evidence substantiating your guilt in a crime and deferred proceedings? Yes No																	
If the answer is YES to any of the above questions, describe all incidents on an additional sheet of paper.																	
PERSONAL REFERENCES																	
Name two persons not related to you who have knowledge of your character, ability and experience in a work situation.																	
•	Name	Ĭ		Address	City	Sta			Zip					mber		Occupation	
										-					-		
RELATIVES EMPLOYED BY WICHITA COUNTY CSCD																	
Name					Department				Relationship								
																	_
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AN EQUAL OPPORTUNITY EMPLOYER

- 1. The Work History must be completed in order for your application to be accepted and considered.
- 2. Please list most recent job first, including relevant volunteer experience.
- 3. Additional information, including resumes, may be attached to support but not replace, the fully completed application.
- 4. Copies of all required licenses, certifications and other documentation must be attached to the application upon submission.
- 5. No additional information will be accepted for consideration after the closing date.
- 6. If hired, you must provide documentation verifying your identity and authorization to work in the United States within 3 days from the date of hire.

Date of Employment		Employer's Name							
From (Month/Year)	To (Month/Year)	Complete Address							
		City/State/Zip	Telephone Number						
Type of Business		Job Title Starting Salary			Final Salary				
Supervisor's Name/Title	le	Reason For Leaving							
Description of Duties									
Date of En	nployment	Employer's Name							
From (Month/Year)	To (Month/Year)	Complete Address							
		City/State/Zip	Telephone Number						
Type of Business		Job Title	Starting Salary		Final Salary				
Supervisor's Name/Titl	le	Reason For Leaving							
Description of Duties									
Date of En	nployment	Employer's Name							
From (Month/Year)	To (Month/Year)	Complete Address							
		City/State/Zip	Telephone Number						
Type of Business		Job Title	Starting Salary		Final Salary				
Supervisor's Name/Title	le	Reason For Leaving							
Description of Duties									

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		City/State/Zip		Telephone Number				
Type of Business		Job Title	Starting Salary	Final Salary				
Supervisor's Name/Titl	e	Reason For Leaving						
Description of Duties								
		Employer's Name						
Date of Em								
From (Month/Year)	To (Month/Year)	Complete Address						
	City/State/Zip							
Type of Business		Job Title	Starting Salary	Final Salary				
Supervisor's Name/Titl	e	Reason For Leaving						
Description of Duties								
		Information/Reference Release						
	<u>PLEASE RE</u>	AD CAREFULLY BEFORE SIGNING THIS A	<u>APPLICATION</u>					
authorize the V authorize the V academic instit employment hi County CSCD	Vichita County CSCD to Vichita County CSCD to Jutions and the Wichita Coutions, my academic creaters.	to investigate all statements in this application. I affire a secure any necessary information from my former erespective a criminal and driving history records check County CSCD from any liability arising from the giving dentials, qualifications, criminal/driving history, and/or	nployers, references I hereby release the gor receiving of the receiving of the receiving the receiv	s, and academic institutions. I hese employers, references, and is information about my employment with the Wichita				
CSCD. I am a	ware that by signing this	nd not an offer of employment, and neither is this const, the Wichita County CSCD has in no way made any	offer of employmen	at a future date.				
County CSCD	and/or to intentionally h	ade on my application (and/or resumes, documents, et nide damaging job related information that may affect ands for dismissal if I am hired, regardless of the length	my performance on	the job and place the Wichita				
 I am aware that the Wichita County CSCD is an AT WILL EMPLOYER and if I am offered a job, I do not have any contracts with the Wichita County CSCD, implied, verbal, or actual. I am at liberty to terminate my employment without notice and the Wichita County CSCD is able to change any policy in existence without notifying me in advance. 								
I authorize the Wichita C	County CSCD to contact	my current employer. Yes No						
Signature of Applicant	· · · · · · · · · · · · · · · · · · ·	Date						

AN EQUAL OPPORTUNITY EMPLOYER: It is the policy of the Wichita County CSCD to recruit, hire, train, and promote persons in all job categories without regard to race, color, national origin, religion, sex, age, or handicap. It is the policy of the Wichita County CSCD to consider the best-qualified individuals according to ADA standards. Requested reasonable accommodations will be considered and final accommodation determinations will be done by the Director of the CSCD. Contact the CSCD Director for special needs at (940) 766-8100.