

MILITARY SERVICE RECORD

Have you served in Military Service ____ Branch _____ Dates _____

Do you have a civil service status? ____ If yes, give status _____

Job Title

Rating

Honorable Discharge ____ Yes ____ No Rank at Discharge _____

EDUCATION AND TRAINING

School	Name and Location of School	Years Completed	Hours Completed	Major Field	Degree Received
Elementary					
High School					
College					
Other (specify)					

EMPLOYMENT EXPERIENCE: List all work history. Start with your present or last job and work backwards.

Employer:	Dates: From	To:
Address:	Job Duties:	
Job Title:		
Supervisor:		
Reason for Leaving:		
Employer:	Dates: From	To:
Address:	Job Duties:	
Job Title:		
Supervisor:		
Reason for Leaving:		
Employer:	Dates: From	To:
Address:	Job Duties:	
Job Title:		
Supervisor:		
Reason for Leaving:		

*****Please use attached sheet, as necessary*****

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SKILLS AND QUALIFICATIONS: List any office equipment, software, special training, interests, career goals, or other data you wish to provide.

REFERENCES: List three persons not related to you who are qualified to describe your capabilities for the position you are seeking.

Name	Address	Phone

I solemnly swear (or affirm) that the foregoing statements made by me are TRUE and correct to the best of my knowledge. I understand that any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal, or if employed, termination from my position with Bee County.

Date: _____ Signature of Applicant _____

DO NOT WRITE BELOW THIS LINE

Arrange interview: _____ Yes _____ No

Interviewers Remarks: _____

Employed: _____ Yes _____ No

Date of Employment: _____

Job Title: _____

Department: _____

Salary Range: \$ _____

Group and Step: _____

Authorized: _____

Date: _____

Title: _____

Nepotism Form

Please list any public officials, department heads, or supervisors whom you are related to in the degree established by the attached chart:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

I attest that the list above contains all relatives within the degree established by the attached chart.

Signed by: _____

Printed Name: _____

Date: _____

NEPOTISM CHARTS

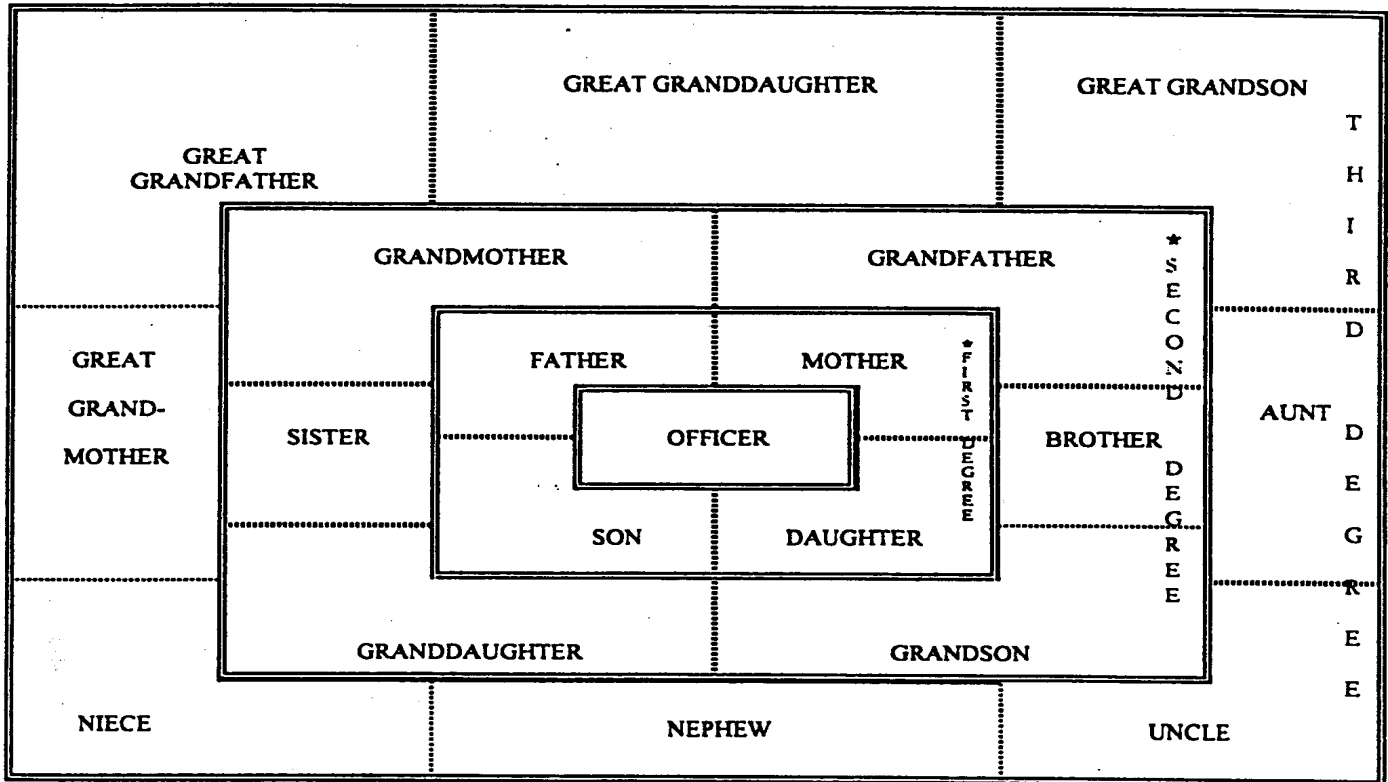


FIGURE 1 – CONSANGUINITY KINSHIP CHART

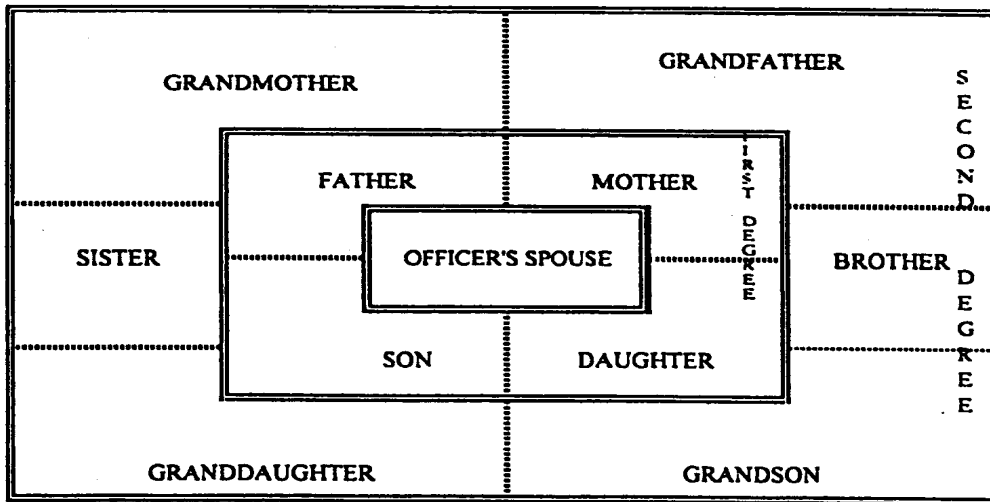


FIGURE 2 – AFFINITY KINSHIP CHART

★ Spouses of relatives within the first or second degree of consanguinity (i.e., son-in-law, mother-in-law, brother-in-law, sister-in-law, etc.) are also included in the prohibition.

APPLICATION FOR EMPLOYMENT

COUNTY OF BEE, TEXAS

I understand that I may be subject to a physical and/or a drug screen. I hold Bee County harmless in connection with such screenings.

Name

Date

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee and Birth Date

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	