



APPLICATION FOR EMPLOYMENT

COUNTY OF BEE

HR Department: 105 W. Corpus Christi St. Rm. 109

Beeville, TX 78102 Phone:361-621-1550, Option 9

Website: www.co.bee.tx.us

An Equal Opportunity Employer



(Please Print)

PERSONAL DATA

Date: _____

Name: _____
Last Name First Name Middle Name

Address: _____
Street or Mailing Address City State Zip Code

Phone Numbers: (____) _____ (____) _____ - ____ - ____
Home Cell Social Security Number

Person to notify in case of emergency: _____
Name Address Phone Number

Are you employed now? ___Yes ___No May we contact your present employer ___Yes ___No

Position(s) Applying for: _____ When would you be available for work?: _____

Do you desire: Full time/Part time ___ Full time only ___ Part time only ___ Temp. ___ Expected Salary \$ _____

Have you filed an application with the County before? ___ If yes, give date(s) _____ What Department? _____

Have you been employed with the County before? ___ If yes, give date(s) _____ What Department? _____

Do you have any relatives who work for Bee County? _____ *If yes, give name and their position _____

(Please refer to Section 3.07 of this application)

Have you ever been convicted of a felony? _____ If yes, please provide date(s) and details: _____

(A felony conviction does not necessarily disqualify you from consideration of employment)

If the position for which you are applying requires the operation of a motor vehicle, do you have a current Texas Driver's License? _____

If yes: License No. _____ Class _____ CDL _____ Endorsements _____ Restrictions: _____

Are you at least 18 years old? ___Yes ___No If no, what is your age _____

Scan to See Job Openings



MILITARY SERVICE RECORD

Have you served in the Military ____ Branch _____ Dates _____

Honorable Discharge Yes ____ No ____ Rank at Discharge _____

EDUCATION AND TRAINING

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

COMPUTER SOFTWARE SKILLS/OTHER SKILLS

| COMPUTER SOFTWARE | Name of Software | Your Proficiency with the Software |
|---|------------------|--|
| Word Processing (e.g. Word, Other Software) | | <input type="checkbox"/> Beginner <input type="checkbox"/> Competent <input type="checkbox"/> Expert |
| Spreadsheets (e.g. Excel) | | <input type="checkbox"/> Beginner <input type="checkbox"/> Competent <input type="checkbox"/> Expert |
| Databases (e.g. Access, Oracle) | | <input type="checkbox"/> Beginner <input type="checkbox"/> Competent <input type="checkbox"/> Expert |
| Other (QuickBooks, PowerPoint, NetData, etc.) | | <input type="checkbox"/> Beginner <input type="checkbox"/> Competent <input type="checkbox"/> Expert |
| TYPING SKILLS | Words Per Minute | <input type="checkbox"/> 20-35 <input type="checkbox"/> 40-55 <input type="checkbox"/> 60+ |
| FOREIGN LANGUAGE SKILLS | Language | Your Proficiency with the Language |
| | | Speak <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent |
| | | Read <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent |
| | | Write <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent |

LABOR/MAINTENANCE/SKILLED CRAFT/EQUIPMENT OPERATION

| SKILL AREAS: | Years of Exp: | Equipment Operated: | Years of Exp: |
|---|----------------------|--|----------------------|
| <input type="checkbox"/> Concrete finishing | | <input type="checkbox"/> Water Truck | |
| <input type="checkbox"/> Welding | | <input type="checkbox"/> Chip Spreader | |
| <input type="checkbox"/> Asphalt work | | <input type="checkbox"/> Backhoe | |
| <input type="checkbox"/> Surveying | | <input type="checkbox"/> Front End Loader | |
| <input type="checkbox"/> Setting grades | | <input type="checkbox"/> Bulldozer | |
| <input type="checkbox"/> Flagging | | <input type="checkbox"/> Trackhoe | |
| <input type="checkbox"/> Plumbing | | <input type="checkbox"/> Tractor Trailer | |
| <input type="checkbox"/> Painting | | <input type="checkbox"/> Tractor with mower | |
| <input type="checkbox"/> Carpentry | | <input type="checkbox"/> Hydraulic Excavator | |
| <input type="checkbox"/> Electrical | | <input type="checkbox"/> Motor Grader | |
| <input type="checkbox"/> HVAC | | <input type="checkbox"/> Dump Truck | |
| <input type="checkbox"/> Auto Mechanic | | <input type="checkbox"/> Winch Truck | |
| <input type="checkbox"/> Heavy Equip. Mechanic | | <input type="checkbox"/> Roller-Packer | |
| <input type="checkbox"/> Sign Maintenance | | <input type="checkbox"/> Pneumatic Roller | |
| <input type="checkbox"/> Groundskeeping/Landscaping | | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Road Maintenance/Construction | | | Endorsements |
| <input type="checkbox"/> Certified Mosquito Spraying/Vector License | | <input type="checkbox"/> CDL Class A | |
| <input type="checkbox"/> Other | | <input type="checkbox"/> CDL Class B | |

EMPLOYMENT EXPERIENCE: List each position held. Start with your present or most recent assignment and work backwards. If you need additional space, please continue on a separate sheet(s) of paper. In the column at the right, describe your assignments. Attach additional sheets as necessary.

| | | |
|---------------------------|-------------------------------|-----------------------|
| Employer: | Dates: From: | To: |
| Phone No: | | |
| Address | Summary of Job Duties: | |
| Job Title | | |
| Supervisor | | |
| Reason for Leaving | Starting Salary: | Ending Salary: |
| | | |
| Employer: | Dates: From: | To: |
| Phone No: | | |
| Address | Summary of Job Duties: | |
| Job Title | | |
| Supervisor | | |
| Reason for Leaving | Starting Salary: | Ending Salary: |
| | | |

| | |
|--------------------------------------|--|
| | |
| Employer: Phone No: | Dates: From: To: |
| Address | Summary of Job Duties: |
| Job Title | |
| Supervisor | |
| Reason for Leaving | Starting Salary: Ending Salary: |
| | |
| Employer: Phone No: | Dates: From: To: |
| Address | Summary of Job Duties: |
| Job Title | |
| Supervisor | |
| Reason for Leaving | Starting Salary: Ending Salary: |

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

| Name | Address | Phone | Email | Relationship |
|-------------|----------------|--------------|--------------|---------------------|
| | | | | |
| | | | | |
| | | | | |

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.

Signature of Applicant _____

Date: _____

DO NOT WRITE BELOW THIS LINE

Arrange interview: _____ Yes _____ No

Interviewers Remarks: _____

Employed: _____ Yes _____ No

Date of Employment: _____

Job Title: _____

Department: _____

Salary Range: \$ _____

Title: _____

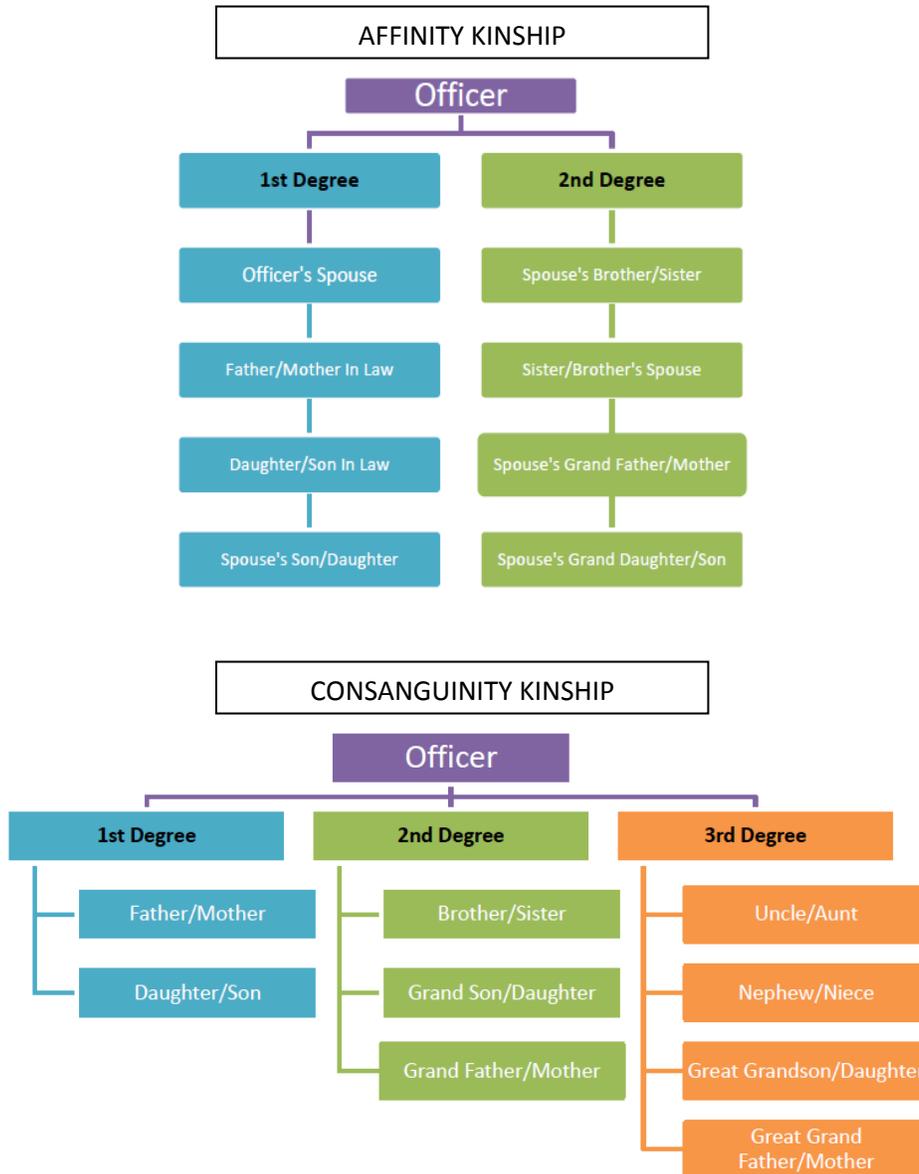
HR Department Authorization: _____ Date: _____

Title: _____

3.07 EMPLOYMENT OF RELATIVES (NEPOTISM)

Texas Government Code Chapter 573, A Public Official of Bee County is prohibited from hiring a relative related within the third degree of consanguinity (blood) or within the second degree of affinity (marriage) to work in a department that he or she supervises or exercises control over.

A degree of relationship is determined under Texas Government Code Chapter 573. (See the charts that follow.)



Nepotism Form

Please list any public officials 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.

Printed Name: _____

Signature: _____

Date: _____

New Hire EEO-1 Data Sheet

Please complete the New Hire EEO-1 Data Sheet. It will supply us with information we need for federal reporting obligations. Please be advised that this information will be used and kept confidential, in accordance with applicable laws and regulations. This information will not be used as the basis for any adverse employment decision.

Name _____ Social Security # (last 4 digits) _____
Last First Middle

EEO-1 Self-Identification

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. **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 separate from personnel files. It may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please check the EEO-1 Identification Group that **best** applies to you:

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- OR -

- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** 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.
- American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

Gender: Male Female

Signature

Date

If you should have any questions regarding this form, please contact Human Resources.

IMPORTANT

It is the responsibility of the applicant to read the following before signing:

I certify that the answers given herein are true and correct. I understand that any falsification or willful omission made in my application, resume, or interview(s) shall be sufficient cause for dismissal or refusal of employment, whenever discovered. I understand that the information provided in my application, resume, and interviews may be investigated, and I hereby authorize each former employer, whether given as a reference or not, to answer any questions and furnish any information sought by the County concerning any qualifications for employment.

Depending on the department and position applied for, I understand that such investigation may include a criminal history and FBI records check. I hereby release the County and all third parties supplying information to the County from all liability, including liability caused by negligence, arising from reference and background checks conducted by or on behalf of the County about me. I also understand that this application is subject to the Public Information Act and may be released as a public document.

I understand that my employment is at the discretion of the Commissioners' Court or an Elected Official or Department Head concerned, and that Bee County is an Employment-At-Will employer, which means that I may resign at any time and the County may terminate my employment at any time for any lawful reason or no reason at all.

I understand that if I am applying for a position that requires a physical or a drug/alcohol screening, my employment is contingent upon a successful pre-employment examination. This examination will be conducted by health care providers or a drug-screening company of the County's selection. I certify that I will fully and truthfully answer any questions asked by the health care providers or staff. I understand that a positive result for illegal substances from the drug screen may eliminate me from consideration from any County job. I understand that if I am hired, if there is cause to believe that I am under the influence of a drug or alcohol, I understand that I will be subject to a reasonable suspicion drug or alcohol test. I understand that if I am hired, if there is a belief that I may cause a direct threat to myself or others because of performance issues, I will be subject to a fit-for-duty examination conducted by a healthcare provider selected by the County. I hold Bee County harmless in connection with such screenings.

If injured during the course of employment, I will promptly report such injury to my supervisor. If medical treatment is necessary or requested, I will submit to an examination and receive the necessary medical treatment for health care providers with the County's workers compensation healthcare network as specified in the applicable state statutes.

As a condition of employment, I will review the Bee County Personnel Policy Manual and affirm by signature, my willingness to be bound by such. I understand that should I refuse to be bound by such policy such refusal may be grounds for dismissal, refusal of employment, or withdrawal of an offer of employment. I understand that some departments of the County have policies which describe additional obligations, terms and conditions of employment. I agree to promptly familiarize myself with the terms of such documents and abide thereby, if applicable. I understand and agree that all benefits, programs, rules and policies of the County are subject to exceptions or change at any time, as decided by the County.

I certify that I have carefully read each provision of the Bee County application of employment and that I have been given an opportunity to ask questions concerning any provision which I do not fully understand. **This application must be signed.**

Signature of Applicant _____

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 & Birthdate

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 | |

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division

