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)		☐Beginner ☐ Competent ☐Expert
Spreadsheets (e.g. Excel)		☐Beginner ☐ Competent ☐Expert
Databases (e.g. Access, Oracle)		☐Beginner ☐ Competent ☐Expert
Other (QuickBooks, PowerPoint, NetData, etc.)		☐Beginner ☐ Competent ☐Expert
TYPING SKILLS	Words Per Minute	☐ 20-35 ☐ 40-55 ☐ 60+
FOREIGN LANGUAGE SKILLS	Language	Your Proficiency with the Language
		Speak ☐Fair ☐ Good ☐Fluent Read ☐Fair ☐ Good ☐Fluent Write ☐Fair ☐ Good ☐Fluent

LABOR/MAINTENANCE/SKILLED CRAFT/EQUIPMENT OPERATION

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

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: _____

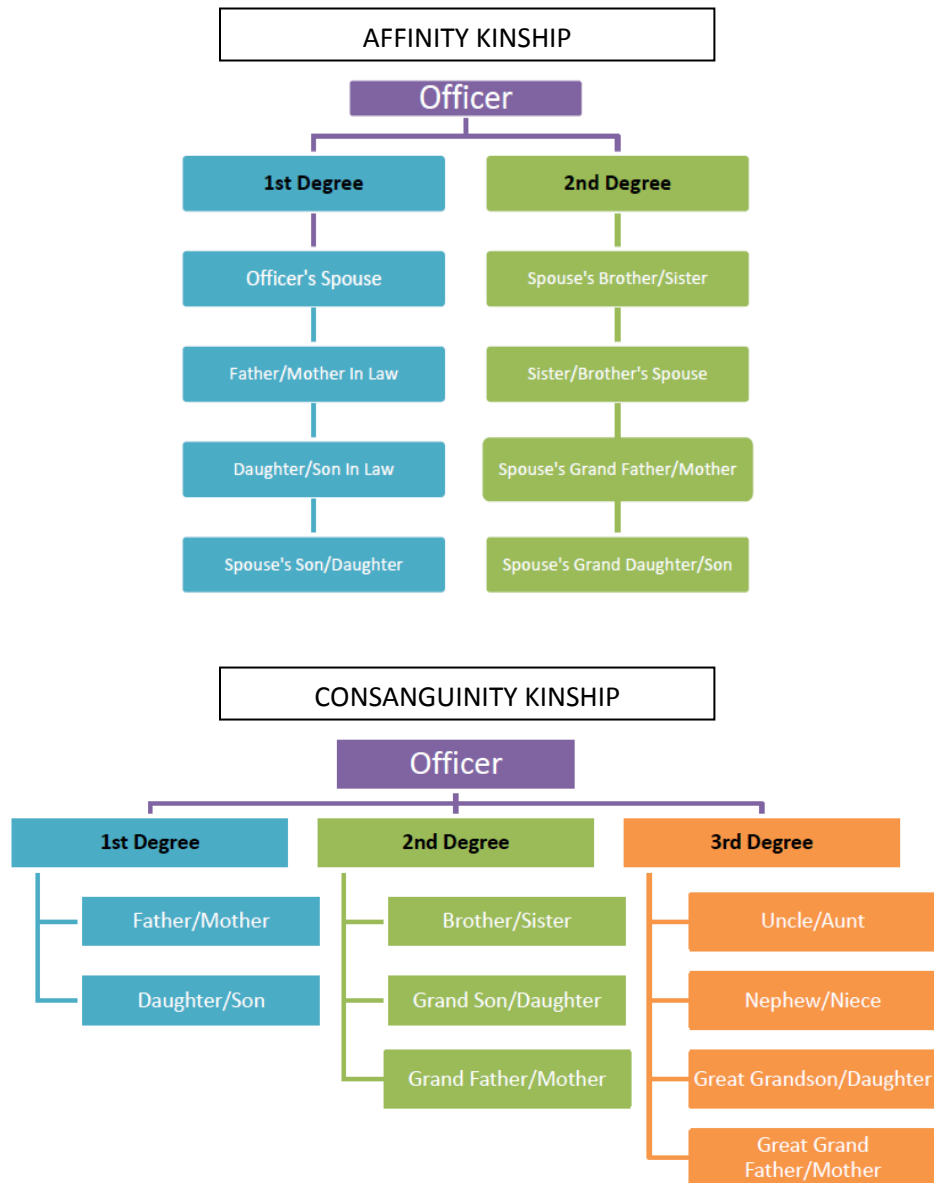Salary Range: $_____   Title: _____

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.)

AFFINITY KINSHIP

Officer

1st Degree	2nd Degree
Officer's Spouse	Spouse's Brother/Sister
Father/Mother In Law	Sister/Brother's Spouse
Daughter/Son In Law	Spouse's Grand Father/Mother
Spouse's Son/Daughter	Spouse's Grand Daughter/Son

CONSANGUINITY KINSHIP

Officer

1st Degree	2nd Degree	3rd Degree
Father/Mother	Brother/Sister	Uncle/Aunt
Daughter/Son	Grand Son/Daughter	Nephew/Niece
	Grand Father/Mother	Great Grandson/Daughter
		Great Grand Father/Mother

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: _____

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 Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F https://statutes.capitol.texas.gov/.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method.

If the agency requests that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search, I can make an appointment with the Fingerprint Applicant Services of Texas (FAST). Visit Crime Records General Information | Department of Public Safety (texas.gov) Review of Personal Criminal History or call the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of $25.00 to the fingerprinting services company. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

Applicant Signature:	Date:

Sign and date to acknowledge the statement above.

Date of Birth:_____

Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name:	**Bee County**

Authorized Searcher:

Signature of Authorized Searcher:

Date of Search:

Section 3: Agency use only. Name Based CHRI /CCH Tracking information. Check all that apply.

Purpose for CHRI Search.	☐ Applicant ☐ Volunteer ☐ Contractor ☐ Other:
Is any part of the Criminal History Record Information (CHRI) stored by agency?	**Reminder: DPS does not recommend storing any part of CHRI.** ☐ NO, CHRI is not stored by agency. ☐ YES, CHRI is stored by agency.
CHRI Retention Period	☐ Temporarily Only ☐ Annual ☐ None Stored/Saved ☐ Other:
CHRI Storage Method	☐ Physical/Printed (paper copy) ☐ Digital/Electronic (on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	**Reminder: CHRI must be destroyed after authorized purpose has ended.**
Destruction Method	Explain:

CHRI + Audit Resources Link

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.

BENEFITS & PROTECTIONS

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.

ELIGIBILITY REQUIREMENTS

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.

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

WHD

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