

County of Galveston

Human Resources



Application for Employment and Information Sheet

**** Please keep this sheet for your records ****

To check for postings, you may visit www.co.galveston.tx.us.

You may complete our application online, once complete be sure to review, print, and sign the application before submitting it to our office.

The HR Department Application and Employment contact is: Receptionist
(409) 770-5418

HOW TO APPLY

- Applications are accepted for posted positions **ONLY**.
- Applications should be typed or printed (Black or Blue Ink **ONLY**).
- Resumes will **NOT** be accepted as a substitute for Applications.
- Incomplete applications will **NOT** be considered. Only complete applications received by closing date will be considered.
- All statements made on the application (s) are subject to investigation and/or verification.
- **Applicants may apply for multiple positions by submitting separate applications for each position. Applicants may make as many copies as desired. Copies, however, will not be provided by the HR Dept.**

SUBMITTING YOUR APPLICATION BY MAIL

- Job title **MUST** be recorded on the application.
 - Applications by facsimile or email will be acceptable.
- Fax to: 409-770-5351 or Email to: HR.Applications@co.galveston.tx.us

Mail signed applications to: Galveston County
722 Moody, 3rd floor- Human Resources
Galveston, TX 77550

SUBMITTING YOU APPLICATION IN PERSON

- You may submit applications in person Monday-Friday between the hours of 9:00 a.m.-11:00 a.m. and 3:00 p.m.- 5:00 p.m.
- Applications will be available at: Galveston County Courthouse
722 Moody, 3rd floor- Human Resources
Galveston, TX 77550

TESTING

- Should the department require the applicant to take various tests i.e. typing, excel, math 10-key touch, etc., they will notify the Human Resources Receptionist to schedule and administer testing. Human Resources will provide the department with testing score(s).

STATUS OF APPLICATIONS

- **Due to the volume of applications received, we are unable to advise applicants as to the status of their application.** If your application meets the required qualifications for the position for which you are applying, it will be forwarded to the respective department. A department representative will then contact you if they are interested in interviewing you. Each Department has their own procedure on how and when they review applications to select their candidate(s). **(Some departments may have a team of supervisors to handle the application process and wait until all members can meet to review applications).**

Thank you for your interest in employment with Galveston County.

COUNTY OF GALVESTON

Application for Employment



Human Resources Department

722 Moody Avenue 3rd Floor

Galveston, TX 77550

Ph: (409) 770-5418 Fax: (409) 770-5351

E-Verify Employer

(PLEASE PRINT)

www.co.galveston.tx.us

Equal Opportunity Employer

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position applied for: _____ Date of application: _____

Referral Source: Advertisement Employee Relative Government Employment Agency
 Walk- In Private Employment Agency Other _____

Name of Source (if applicable) _____

Name: _____

LAST FIRST MIDDLE

Address: _____ Social Security #: _____

STREET CITY STATE ZIP CODE

Telephone #: _____ Cell/Beeper #: _____ E-mail Address: _____

The best time to call you at home _____ : _____ AM/PM

May we call you at work? _____ YES NO

If yes, work number and best time to call _____ : _____ AM/PM

If you are under 18 and it is required, can you furnish a work permit? _____ YES NO

If no, please explain _____

Have you ever been employed here before? _____ YES NO

If yes, give dates, department (s) and position (s) _____ / _____ / _____

Are you legally eligible for employment in this country? _____ YES NO

Date available for work? _____ / _____ / _____ What is your desired salary range? \$ _____

Type of Employment Desired Full-Time Part- Time Temporary Seasonal Educational Co-Op

Will you relocate if job requires it? Yes No Will you travel if job requires it? YES NO

Are you able to meet the attendance requirements of this position? _____ YES NO

Will you work overtime if required? _____ YES NO

If no, please explain _____

Have you ever been bonded? _____ YES NO

Have you ever pled guilty or no contest to or been convicted of a crime? YES NO

If yes, please provide dates and details _____

ANSWERING YES TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF OFFENSE, SERIOUSNESS NATURE OF THE VIOLATION, REHABILITATION, AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's License Number if driving is an Essential Job Function _____ State _____

EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignments or volunteer activities. Starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below. This section **MUST** be completed even when submitting a RESUME.

EMPLOYER	TELEPHONE #	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS	CITY	STATE	ZIP CODE	
STARTING JOB TITLE/ FINAL JOB TITLE		Starting		
		\$	Per	
IMMEDIATE SUPERVISOR AND TITLE		Final		
REASON FOR LEAVING		\$	Per	

MAY WE CONTACT FOR REFERENCE? YES NO LATER

EMPLOYER	TELEPHONE #	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS	CITY	STATE	ZIP CODE	
STARTING JOB TITLE/ FINAL JOB TITLE		Starting		
		\$	Per	
IMMEDIATE SUPERVISOR AND TITLE		Final		
REASON FOR LEAVING		\$	Per	

MAY WE CONTACT FOR REFERENCE? YES NO LATER

EMPLOYER	TELEPHONE #	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
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		\$	Per	
IMMEDIATE SUPERVISOR AND TITLE		Final		
REASON FOR LEAVING		\$	Per	

MAY WE CONTACT FOR REFERENCE? YES NO LATER

EMPLOYER	TELEPHONE #	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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STARTING JOB TITLE/ FINAL JOB TITLE		Starting		
		\$	Per	
IMMEDIATE SUPERVISOR AND TITLE		Final		
REASON FOR LEAVING		\$	Per	

MAY WE CONTACT FOR REFERENCE? YES NO LATER

COMMENTS INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT

SKILLS AND QUALIFICATIONS

Summarize any special training and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

EDUCATIONAL BACKGROUND

A. List last three (3) schools attended, starting with the most recent. B. List the number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major Field of study. F. Minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. TYPE OF DEGREE/DIPLOMA	D. GPA/ CLASS RANK	E. MAJOR	F. MINOR

REFERENCES

List names and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If applicable, list three school or personal references that are NOT related to you.

NAME	TELEPHONE	NO. OF YEARS KNOWN

ADDITIONAL INFORMATION

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ASSOCIATIONS AND ANY OFFICES HELD.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE, NATIONAL GUARD, OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICE HELD

LIST SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS, ETC.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE, NATIONAL GUARD, OR ANY OTHER SIMILARLY PROTECTED STATUS.

LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER.

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of the application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its' representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutes and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its' representatives, employees, or agents for seeking, gathering, and using such information in the employment process and all other persons, corporations, and organizations for furnishing such information about me.

I understand background checks are conducted on all applicants, i.e., employment, criminal history, and motor vehicle record (if applicable).

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state and federal law.

I understand a new application is required for each position applied for.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by an authorized officer.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard. The County of Galveston is an E-Verify Employer.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement. If application is not signed and dated it will be considered null and void.

Signature of Applicant _____ **Date** _____

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We will consider all applicants for position(s) without regard to race, color, religion, sex, national origin, citizenship, age or physical disabilities, veteran/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is NOT a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position applied for _____	Date _____		
REFERRAL SOURCE			
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Government Employment Agency	<input type="checkbox"/> Private Employment Agency	
<input type="checkbox"/> Employee	<input type="checkbox"/> Relative	<input type="checkbox"/> School	
<input type="checkbox"/> Advertisement Source _____	<input type="checkbox"/> Other _____		
Name of person who referred you (if applicable) _____			
APPLICANT INFORMATION			
Name _____	Telephone # _____		
LAST	FIRST	MIDDLE	
Address _____			
STREET	CITY	STATE	ZIPCODE
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE		

Please check one of the following Equal Opportunity Identification Groups

- | | | |
|--|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/ Alaskan Native | <input type="checkbox"/> Asian/ Pacific Islander | <input type="checkbox"/> Multiracial (having parents of different races)
<small>THIS IDENTIFICATION GROUP IS RECOGNIZED ONLY IN THE STATE OF MICHIGAN</small> |

FOR ADMINISTRATIVE USE ONLY

Position applied for _____	<input type="checkbox"/> Available	<input type="checkbox"/> Not Available
Other positions considered for _____		
Hired <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position Hired for _____	Date Hired _____	
From the EEO job classifications listed below, which one best describes the position filled?		
Officials and Managers	Sales Workers	Operatives (semi-skilled)
Professionals	Office Clerical Workers	Laborers
Technicians	Craft Workers	Service Workers
Notes _____		
Completed By _____	Date _____	