

RANDALL COUNTY EMPLOYMENT APPLICATION

An Equal Opportunity Employer



Human Resources Office
501 16th Street, Suite 302
Canyon, Texas 79015

(806) 477-1701
RandallCountyHR-Payroll @randallcounty.org

Position Sought: _____

Is this a driving position? Yes: ____ No: ____ If yes, complete Authorization to Check Driving Record.

Name: _____
Last First Middle Initial Maiden

Address: _____
Street City State Zip Code

Email Address: _____ Telephone: _____
Please circle one: Home Phone/ Cell & Phone Provider

Have you previously worked for Randall County? Yes: ____ No: ____ If yes, when: _____

What type of employment will you accept? Full-time: ____ Part-Time: ____ Temporary: ____

If applying for part-time work, please describe the days and times you are available to work: _____

Do you have any relatives employed by Randall County? _____

How did you hear about this position? _____

PREVIOUS EMPLOYMENT: Please list all employment for the past 10 years, beginning with your current position and working backward. You may attach a resume to include additional information.

Employer #1: _____ Address: _____

Dates of employment: _____ Last Rate of Pay: _____

Position: _____ Immediate Supervisor: _____

Description of Work: _____ Reason for Leaving: _____

Who may we contact as a reference? _____
Name Position Phone Number

Employer #2: _____ Address: _____

Dates of employment: _____ Last Rate of Pay: _____

Position: _____ Immediate Supervisor: _____

Description of Work: _____ Reason for Leaving: _____

Who may we contact as a reference? _____
Name Position Phone Number

Employer #3: _____ Address: _____

Dates of employment: _____ Last Rate of Pay: _____

Position: _____ Immediate Supervisor: _____

Description of Work: _____ Reason for Leaving: _____

Who may we contact as a reference? _____
Name Position Phone Number

If you need additional lines, please ask Human Resources for additional Employment History pages.

Have you ever been involuntarily terminated from a position of employment? If so, please explain. (This question does not apply to a layoff or reduction in force for economic reasons). _____

MILITARY SERVICE:

Branch of Service: _____ Dates of Service: _____

EDUCATION:

Did you graduate from high school? Yes: ____ No: ____ If not, do you have a GED? Yes: ____ No: ____

Please indicate all college degrees and/or applicable coursework:

<u>School Name</u>	<u>Area of Study</u>	<u>Degree Received/Semester Hours</u>
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_____	_____	_____
_____	_____	_____

Please list all licenses and certifications you hold which you believe qualify you for the position you seek:

Type: _____ Number: _____ Expiration: _____

Type: _____ Number: _____ Expiration: _____

RELEVANT EXPERIENCE: Please list any additional experience, training, and skills which you believe qualifies you for the position you seek: _____

Please list all equipment, office machines, and computer programs you are able to operate which you believe will be useful in the position you seek: _____

ADDITIONAL INFORMATION:

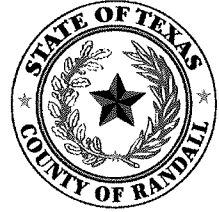
During the past 7 years, have you been convicted of, or have you pleaded guilty or no contest to a felony offense? If yes, please explain, including offense, date of conviction or plea, and state and county in which offense occurred: _____

If you need additional lines, please ask Human Resources for additional Criminal History pages.

By signing below, I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on this form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate termination. I understand that all such information is subject to verification by Randall County and hereby give my consent to Randall County to investigate my background and qualifications using any means, sources, and outside investigators at its disposal. I agree to undergo any type of drug and/or alcohol testing that Randall County may require. Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or Randall County may terminate my employment at any time, with or without notice or reason.

Applicant's Signature Date

RANDALL COUNTY AUTHORIZATION TO CHECK DRIVING RECORD



Human Resources Office
501 16th Street, Suite 302
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RandallCountyHR-Payroll @randallcounty.org

I, _____, applicant for the _____ position with Randall County, do hereby authorize Randall County to obtain a copy of my driving record to be used to evaluate my potential and/or continued employment with Randall County. I hereby authorize the Texas Department of Public Safety or any other entity authorized to access state or federal agency records to furnish Randall County, or its agent, my driving record. I do hereby release all agents, servants, and employees of Randall County, from all liability resulting from the release of this information.

Driver's License Number

State of Issuance

Driver's License Number

State of Issuance

Driver's License Number

State of Issuance

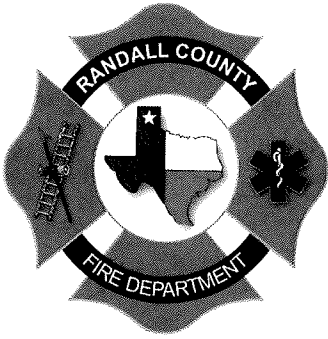
ACKNOWLEDGED AND AGREED:

Signature

Date

Printed Name

Date of Birth



RANDALL COUNTY FIRE DEPARTMENT

9451 FM 2186 Amarillo, Texas 79119

Office (806) 358-9959 Fax (806) 353-1091

REQUEST FOR INFORMATION

The Randall County Fire Department requires that computerized criminal history verifications are performed for all applicants. Applicants are considered and employees are treated during employment without regard to age, race, color, religion, sex, national origin, marital or veteran status, medical condition, or disability. Date of birth is required from all applicants to facilitate a background check. In the space(s) provided below, please provide all names that you have used including married and maiden names. Please indicate with an "N/A" for any names that are not applicable.

Date of Birth: (Month/Day/Year) _____ / _____ / _____

First Name: _____

Middle Name: _____

Last Name: _____

Maiden Name: _____

Other: Additional past married names or other names that you have used. Do not include any nicknames.

By signing below, I affirm that I have provided all names that I have used and all information provided is true and correct. If it is found that I have intentionally omitted any names or provided any false information, my application will not be considered for employment and will prohibit me from applying with the Randall County Fire Department in the future.

Applicant Signature

Date

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, _____, have been notified that a computerized criminal
APPLICANT or EMPLOYEE NAME (Please print)

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 information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment 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

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		