

APPLICATION FOR EMPLOYMENT

**WALKER COUNTY S.U.D.
P.O. BOX 704
HUNTSVILLE, TEXAS 77342-0704**

INSTRUCTIONS: Fill in ALL the blanks accurately by printing or with typewriter. Neatness is important.

1. Title of job for which you are applying _____
2. Name _____ 3. Social Security# _____
First Middle Last
4. Address _____
Street City State Zip
5. Telephone No. _____ Telephone No. during working hours _____
6. Are you a citizen of the United States? _____. Are you legally eligible for full time employment in the United States? _____.
7. List ALL qualifications/professional registrations and skills you possess which are required for the job as stated in the official announcement of vacancy (such as typing, and /or shorthand, ability to operate specialized machinery or equipment, or professional registrations or licensing). _____

8. Are you applying for ____ Full-time or ____ Part-time work? If part-time specify hours and days you will be available. _____.
9. When would you be available to start work? _____.
10. Are you related to any member of the Board of Directors of Walker County S.U.D. or to any person presently employed by Walker County S.U.D.? _____. If yes, give person's name and the relations to you: _____.
11. Have you ever been employed by Walker County S.U.D.? If yes, give dates of employment, position held and reasons for leaving.

12. Have you been convicted, paid a fine, or placed on probation for any offense during the past 10 years? _____. If yes, list all such offenses and state date and disposition. (A criminal record will not necessarily disqualify you from employment. Your case will be considered in relationship to the requirements of the particular job. _____

13. List ALL schools attended (Include high school, college, or university, or trade service school, etc.)
Name of School and Address (City/State) Dates Attended Degree Received Major Areas Studied

List your last THREE employers (List present or most recent first.)

From	To	Job Title	Salary
Firm Name:			
Address:			
City/State:			
Phone No.		Supervisor's Name	
Reason for Leaving:			
Description of Duties, Responsibilities, and accomplishments:			
From To Job Title Salary			
Firm Name:			
Address:			
City/State:			
Phone No.		Supervisor's Name	
Reason for Leaving			
Description of Duties, Responsibilities, and accomplishments:			
From To Job Title Salary			
Firm Name:			
Address:			
City/State:			
Phone No.		Supervisor's Name	
Reason for Leaving			
Description of duties, responsibilities, and accomplishments			

You may list additional experience and training you have had which in your opinion would qualify you for the position you seek: _____

List all licenses you may hold: (Driver's License, Electrician's License, etc.)

Type of License	Class or No.	State where issued	Expiration date, if any

I certify the information I have given on this application is true and correct, and I further understand that if I have given false information it may be grounds for denial of employment our termination, if employed. I authorize investigation of all information contained on this application.

Applicants Signature

Date of Completion

For office use Only:

Date Hired:	Position Filled:
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