



Caldwell County Employment Application

These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. Caldwell County is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or other legally protected status. You may make copies of this application and enter different position titles, but each copy must be signed. Resumes will not be accepted in lieu of applications. This application becomes public record and is subject to disclosure.

With few exceptions, you have the right to request and be informed about information that Caldwell County collects about you. You are entitled to receive and review the information upon request. You also have the right to ask Caldwell County to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023 and 559.004.)

Name: _____
(Last) (First) (Middle) (Daytime Phone)

Address: _____
(Street) (City) (State) (Zip)

Email Address: _____

List exact title of position and location for which you wish to apply:	Closing Date:	How did you learn of job opening:
List the County department with which you wish to apply:	Do you have any friends or relatives working for the County? If so, list names and relationships:	

Full-time ☐ Part-time ☐ Temp/Project ☐ If part time, please indicate mornings, afternoons or evenings: _____

Desired salary range \$ _____ Date available for work? _____

Are you at least 18 years of age? Yes ☐ No ☐ Date of Birth: _____

Current Driver's License # (if required for position) State _____ DL# _____

Commercial Driver's License? Yes ☐ No ☐ Have you ever been employed by Caldwell County? Yes ☐ No ☐

Are you currently employed? Yes ☐ No ☐ If presently employed, why are you considering leaving? _____

May we contact your present employer? Yes ☐ No ☐ _____

Are you able to perform the essential job functions of the job for which you are applying, with/without reasonable accommodation? Yes ☐ No ☐

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes ☐ No ☐

If yes, explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s).

A conviction may not necessarily disqualify you, but a false statement will. Note: Some departments may require additional information related to convictions of misdemeanors.

If yes, explain: _____

(Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations)

High School Graduate or GED? Yes ☐ No ☐ If yes, name/location of high school or GED institute: _____

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Type of Degree
		From		To				
		Mo.	Yr.	Mo.	Yr.			
High School								
Undergraduate Colleges or Universities								
Graduate Colleges or Universities								
Technological or Vocational Schools								

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

License/Certification	Date Issued	Date Expires	Issued by/Location of Issuing Authority	License Number

Special Training/Skills/Qualifications: List all job related training or skills you possess and machine or office equipment you have experience with (ie. calculator, printing or graphic equipment, computer equipment, types of software and hardware).

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first. Employment history should include each position held, even those with the same employer.
2. Answer all questions and completely summarize your experience including technical and managerial responsibilities for each position you have held.
3. Explain any gaps in work history: _____

4. Have you ever been discharged or asked to resign from an employer? If so, explain: _____

5. Why do you want to work for Caldwell County? _____

Position Title:					Immediate Supervisor:		Full-Time ☐		
Employer:							Part-Time ☐		
Mailing Address:					Supervisor's Title:		Temp ☐		
City/State:							Supervisor's Phone Number:		Average # of Hours Work if Part-Time:
Employers Phone Number:					If supervisory position, number of employees that reported directly to you:				
Starting Date		Leaving Date							
Mo.	Yr.	Mo.	Yr.			Starting Pay			Final Pay
				\$	\$				
Specific reason for leaving:									
Summary of work performed and job responsibilities:									

Position Title:						Immediate Supervisor:	Full-Time ☐
Employer:							
Mailing Address:						Supervisor's Title:	Temp ☐
City/State:						Supervisor's Phone Number:	Average # of Hours Work if Part-Time:
Employers Phone Number:							
Starting Date		Leaving Date				If supervisory position, number of employees that reported directly to you:	
Mo.	Yr.	Mo.	Yr.	Starting Pay	Final Pay		
				\$	\$		
Specific reason for leaving:							
Summary of work performed and job responsibilities:							

Position Title:						Immediate Supervisor:	Full-Time ☐
Employer:							
Mailing Address:						Supervisor's Title:	Temp ☐
City/State:						Supervisor's Phone Number:	Average # of Hours Work if Part-Time:
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Mo.	Yr.	Mo.	Yr.	Starting Pay	Final Pay		
				\$	\$		
Specific reason for leaving:							
Summary of work performed and job responsibilities:							

Position Title:					Immediate Supervisor:		Full-Time ☐		
Employer:							Part-Time ☐		
Mailing Address:					Supervisor's Title:		Temp ☐		
City/State:							Supervisor's Phone Number:		Average # of Hours Work if Part-Time:
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Mo.	Yr.	Mo.	Yr.					Starting Pay	
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Employers Phone Number:									
Starting Date		Leaving Date		If supervisory position, number of employees that reported directly to you:					
Mo.	Yr.	Mo.	Yr.					Starting Pay	
								\$	\$
Specific reason for leaving:									
Summary of work performed and job responsibilities:									

PERSONAL AND BUSINESS REFERENCES

Please provide three persons not related to you, whom you have known for at least three years.

Name:	Occupation:
Mailing Address:	Phone Number:
City/State:	Years acquainted:

Name:	Occupation:
Mailing Address:	Phone Number:
City/State:	Years acquainted:

Name:	Occupation:
Mailing Address:	Phone Number:
City/State:	Years acquainted:

Please provide three (3) business references:

Name:	Occupation:
Mailing Address:	Phone Number:
City/State:	Worked together for what Employer:
Describe working relationship (supervisor, co-worker, subordinate):	

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Mailing Address:	Phone Number:
City/State:	Worked together for what Employer:
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Name:	Occupation:
Mailing Address:	Phone Number:
City/State:	Worked together for what Employer:
Describe working relationship (supervisor, co-worker, subordinate):	

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY
AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

Caldwell County is an equal opportunity employer. Caldwell County does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, or military status. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Caldwell County to hire me. If I am hired, I understand that either Caldwell County or I can terminate my employment at any time and for any reason, with or without cause and without prior notice.

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I hereby authorize Caldwell County to contact any/all corporations, former employers, references, military services, educational institutions, law enforcement agencies, city, state, county and federal courts to release information about my background including, but not limited to, information about employment, education, driving record, criminal record and general public records history to Caldwell County.
4. I release from all liability all persons, companies, agencies and schools supplying such information. I indemnify Caldwell County against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment. I understand and I may have a right to request additional disclosures regarding the nature and scope of the investigation.

Signature _____ Date: _____

This application is valid only for 60 days from the date signed/dated above.

THIS FORM IS NOT TO BE USED AS A CONSENT / AUTHORIZATION FORM.

Agency to retain this CCH Verification Form for DPS auditing purposes.

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. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process, I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online [Crime Records General Information | Department of Public Safety \(texas.gov\)](#) Review of Personal Criminal History or by calling 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. **Acknowledge by signing below.**

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

Agency Name:

Authorized User:

Signature of Authorized User:

Date of Name-Based CCH Search:

Section 3: Agency use only. CHRI Name Based 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 (saved anywhere on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	
Destruction Method	Explain:

[CHRI + Audit Resources Link](#)