

# KLEBERG COUNTY TEXAS APPLICATION FOR EMPLOYMENT



**ROBERT J. KLEBERG PUBLIC LIBRARY**  
220 N. 4<sup>TH</sup> STREET - KINGSVILLE, TX 78363  
Telephone (361) 592-6381 Fax (361) 592-7461  
www.kleberglibrary.com

Kleberg County is an equal opportunity employer and does not discriminate in its recruiting, selection, and hiring procedures because of race, color, sex, marital status, religion, national origin, age, disability, veteran status, political affiliation or belief, or any other non-job related factor.

|   |  |   |  |   |                                       |   |
|---|--|---|--|---|---------------------------------------|---|
| <b>G<br/>E<br/>N<br/>E<br/>R<br/>A<br/>L</b>  | Last Name  |   | First  |   | Middle                                |   |
|   | Address  |   | City   |   | State                                 | Zip                                     |
|   | Have you ever worked under another name?<br>___ Yes ___ No    If yes, what name? |   |  |   |                                       |   |
|   | Home Phone:  |   |  | Cell Phone:   |                                       |   |
|   | Email Address (Optional):  |   |  |   |                                       |   |
|   | Do you have a valid Driver's License?    ___ Yes ___ No                          |   |  | Is your Driver's License Suspended?    ___ Yes ___ No |                                       |   |
|   | DL Number/State: _____ / _____   |   |  | If Yes, state reason of suspension:                   |                                       |   |
|   | Commercial DL: ___ Yes ___ No (Type: _____)                                      |   |  |   |                                       |   |
|   | Social Security Number: _____ - _____ - _____                                    |   |  | Position Applying For:                                |                                       |   |
|   | Are you over the age of 18?    ___ Yes ___ No                                    |   |  | Will you work overtime?    ___ Yes ___ No             |                                       |   |
| Do you have the legal right to work in the U.S.?    ___ Yes ___ No                            |  |   | Rate of pay expected:  |   |                                       |   |
| Are you currently employed?    ___ Yes ___ No   |  |   | Type of Employment Desired<br>___ Full    ___ Part-Time    ___ Temp. |   |                                       |   |
| Part-Time: Circle Days Available: M T W TH F S SU      Hours available: From: _____ To: _____ |  |   |  |   |                                       |   |
| <b>E<br/>D<br/>U<br/>C<br/>A<br/>T<br/>I<br/>O<br/>N</b>                                      |  | Name of School<br>-----<br>Location (City, State) |  | Course of Study                                       | Number of Years Attended Or Completed | Did you graduate Yes/No                 |
|   | Graduate School  | -----   |  |   |                                       |   |
|   | College  | -----   |  |   |                                       |   |
|   | High School  | -----   |  |   |                                       | Check One:<br>Diploma ___<br>GED    ___ |

Have you applied for a job with the County before? \_\_\_\_ Yes \_\_\_\_ No

If so, when? Month/Year \_\_\_\_/\_\_\_\_ Location/Department: \_\_\_\_\_

Have you ever worked for the County before? \_\_\_\_ Yes \_\_\_\_ No

If so, when? Month/Year \_\_\_\_/\_\_\_\_ Location/Department: \_\_\_\_\_

Have you ever been convicted of or pled guilty or "no contest" to a felony in the past ten (10) years?  
\_\_\_\_ Yes \_\_\_\_ No

*If yes, state offense, court date, and place where conviction occurred:*

Have you been convicted of traffic violations in the past three (3) years?

\_\_\_\_ Yes \_\_\_\_ No

*If yes, list violations:*

**NOTE: Conviction of a felony may not automatically disqualify an applicant for employment.**

Are any of your relatives employees of Kleberg County? \_\_\_\_ Yes \_\_\_\_ No

*If yes, list below.*

| Name: | Relationship: | Department: |
|-------|---------------|-------------|
| 1.    |               |             |
| 2.    |               |             |
| 3.    |               |             |
| 4.    |               |             |
| 5.    |               |             |

Have you been involuntarily terminated or discharged from any employment? \_\_\_\_ Yes \_\_\_\_ No

*If yes, please explain where and why:*

Are you a veteran of the U.S. Military service? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been discharged from the armed forces under other than honorable conditions? \_\_\_\_ Yes \_\_\_\_ No

*If yes, state conviction of offense:*

**Start with most recent or present employer and complete in full. Include full and part-time employment.**

|          |                             |   |
|----------|-----------------------------|---|
| <b>1</b> | Current/Prior Employer      | Telephone Number  |
|          | Address, City, State, Zip   | Employed (Month/Year)<br>From:                      To: |
|          | Immediate Supervisor:       | Hourly Pay<br>Start:                      Last:         |
|          | State Job Title and Duties: | Reason for leaving.                                     |
|          |                             | May we contact this employer?<br>____ Yes    ____ No    |

|          |                             |   |
|----------|-----------------------------|---|
| <b>2</b> | Current/Prior Employer      | Telephone Number  |
|          | Address, City, State, Zip   | Employed (Month/Year)<br>From:                      To: |
|          | Immediate Supervisor:       | Hourly Pay<br>Start:                      Last:         |
|          | State Job Title and Duties: | Reason for leaving.                                     |
|          |                             | May we contact this employer?<br>____ Yes    ____ No    |

|          |                             |   |
|----------|-----------------------------|---|
| <b>3</b> | Current/Prior Employer      | Telephone Number  |
|          | Address, City, State, Zip   | Employed (Month/Year)<br>From:                      To: |
|          | Immediate Supervisor:       | Hourly Pay<br>Start:                      Last:         |
|          | State Job Title and Duties: | Reason for leaving.                                     |
|          |                             | May we contact this employer?<br>____ Yes    ____ No    |

**EMPLOYMENT HISTORY *Continued***

|   |                             |   |
|---|-----------------------------|---|
| 4 | Current/Prior Employer      | Telephone Number  |
|   | Address, City, State, Zip   | Employed (Month/Year)<br>From:                      To:                         |
|   | Immediate Supervisor:       | Hourly Pay<br>Start:                      Last:                                 |
|   | State Job Title and Duties: | Reason for leaving.<br><br>May we contact this employer?<br>____ Yes    ____ No |

|   |                             |   |
|---|-----------------------------|---|
| 5 | Current/Prior Employer      | Telephone Number  |
|   | Address, City, State, Zip   | Employed (Month/Year)<br>From:                      To:                         |
|   | Immediate Supervisor:       | Hourly Pay<br>Start:                      Last:                                 |
|   | State Job Title and Duties: | Reason for leaving.<br><br>May we contact this employer?<br>____ Yes    ____ No |

|   |                             |   |
|---|-----------------------------|---|
| 6 | Current/Prior Employer      | Telephone Number  |
|   | Address, City, State, Zip   | Employed (Month/Year)<br>From:                      To:                         |
|   | Immediate Supervisor:       | Hourly Pay<br>Start:                      Last:                                 |
|   | State Job Title and Duties: | Reason for leaving.<br><br>May we contact this employer?<br>____ Yes    ____ No |

**SPECIAL TRAINING OR SKILLS**

Provide any additional information such as special skills, training, military experience (include dates), management experience, equipment operation, or qualifications you feel will be helpful in considering your application.

**PERSONAL REFERENCES**

(Do not list relatives or former employers)

|      |                            |
|------|----------------------------|
| Name | Telephone Number<br>(    ) |
|------|----------------------------|

|         |      |       |     |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

|      |                            |
|------|----------------------------|
| Name | Telephone Number<br>(    ) |
|------|----------------------------|

|         |      |       |     |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

|      |                            |
|------|----------------------------|
| Name | Telephone Number<br>(    ) |
|------|----------------------------|

|         |      |       |     |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

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

I authorize Kleberg County to make any inquiries regarding my education, employment, and if appropriate, driving record for the purpose of determining my qualification for employment.

1. I affirm 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 completion of this employment application form does not constitute any type of employment agreement or contract.**
3. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States, and that I am required to comply fully with all personal identification and employment eligibility requirements of the Immigration Reform and Control Act 1986 and that failure to do so will result in my dismissal. *Applicants offered employment must furnish satisfactory proof of birth date, military service, Social Security and U.S. Citizenship.*
4. I authorize any person or organization referenced in this application to give you any and all information concerning my previous employment, education, and if appropriate, driving record or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

SIGN HERE: \_\_\_\_\_  
Signature of Applicant Date

**THIS APPLICATION MUST BE SIGNED AND DATED**