



MEDINA COUNTY JOB APPLICATION

1300 Avenue M, Room 130 Hondo, TX 78861
Telephone: 830-741-6111 Fax: 830-426-3811
<http://www.medinacountytexas.org>
Applications may be emailed to hr@medinatx.org

Please read the following instructions before completing the application for employment.

- We appreciate your interest in the employment opportunities with Medina County. Please indicate the position title on your application for the position you are applying for. If applying for more than one position, list all positions, you do not need to fill out a separate application. Applications are valid for two years.
 - **Note:** Positions posted with a closing date of “until filled” are subject to close at any time.
- Please complete the application in neat, legible print using blue or black ink. In order for your application to be considered complete, you must answer all questions in this application. A resume and/or other documents will **NOT** be accepted in lieu of a complete application; however, you may submit additional documents with the application. Comments such as “See Resume” are not acceptable and may result in the application being considered incomplete.
- Any information you provide in this application, accompanying documents, and/or given verbally to Medina County is subject to verification. Falsification, misrepresentation, or omissions of fact may be grounds for rejection of your application, or subsequent termination of employment if hired.
- This application and any accompanying document(s) submitted for consideration of employment become property of Medina County and will **NOT** be returned to the applicant.
- If you require an accommodation in order to apply for a position, please request assistance from the Human Resources Department.
- Applicants may be rejected at any phase of the employment process at which time they are no longer under consideration for the position. Medina County is an “at will” employer as defined by applicable laws.
- If you have questions concerning this application or job posting(s), contact the Medina County Human Resource Department at **(830) 741-6111**.



MEDINA COUNTY JOB APPLICATION FORM

AN EQUAL OPPORTUNITY EMPLOYER

It is Medina County policy to comply fully with all federal, state and local equal opportunity laws. We provide equal employment for all persons regardless of race, color, religion, creed, sex, national origin, age, disability, marital or veteran status, genetic or any other legally protected status.

POSITION: _____

PERSONAL DATA

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Email Address: _____ Cell Phone: _____

Check each type of work you will accept: ☐ Full Time ☐ Part Time ☐ Temporary

Minimum acceptable salary: \$_____ per _____

Are you eligible to work in the United States? ☐ Yes ☐ No

Have you ever been employed with Medina County before? ☐ Yes ☐ No Date: _____

Are you a relative of any Medina County employee or elected official? ☐ Yes ☐ No

If yes, state the name and relationship:

If offered employment, date available for work? _____

Have you ever been dismissed or asked to resign from any position? ☐ Yes ☐ No

*Have you ever been convicted of, or plead guilty or no contest to a criminal offense other than a traffic offense? ☐ Yes ☐ No If yes, provide date(s) and details:

***You may omit convictions for minor traffic violations, unless the position requires the operation of a motor vehicle. Conviction will not result in your automatic disqualification for employment. The seriousness of the crime, the date of the conviction and the relevance of the crime to the position you are applying will be considered.**

EDUCATION HISTORY

Type of School	Name of School	Location	Number of Years Completed	Major & Degree (If applicable)
High School				
College				
Business or Trade School				

DRIVERS LICENSE INFORMATION

If the position for which you are applying requires the operation of a motor vehicle, do you have a current Texas Driver's License? ☐ Yes ☐ No ☐ N/A

Type of License: ☐ Class C ☐ CDL License Number: _____

SKILLS AND QUALIFICATIONS

List the level of skill that pertain to each subject: 1 – Beginner; 2 – Intermediate; 3 – Advanced
Please add any other skills not listed and level in the empty spaces provided.

Office Skills			Road and Bridge			
10 Key Calculator			Backhoe		Front End Loader	
Microsoft Office			Paving Equipment		Shredder	
Copy/Fax Machine			Dump Truck		Lawn Mower	
Spreadsheets			Grader		Maintainer	

Briefly describe why you are qualified for the position and other information concerning interest, career goals, or any other data you wish to provide:

MILITARY EXPERIENCE or SERVICE

Military Service? ☐ Yes ☐ No Branch: _____ Type of Discharge: _____

EMPLOYMENT HISTORY

Start with your present or most recent employer and work backward. If you need additional space, please continue on separate sheet(s).

May we contact your present or most recent employer? ☐ Yes ☐ No

Employer:	Dates: From:	To:
Address:	Summary of Job Duties:	
Phone Number:		
Job Title:		
Supervisor:		
Reason for Leaving:	Starting Salary:	Ending Salary:

Employer:	Dates: From:	To:
Address:	Summary of Job Duties:	
Phone Number:		
Job Title:		
Supervisor:		
Reason for Leaving:	Starting Salary:	Ending Salary:

Employer:	Dates: From:	To:
Address:	Summary of Job Duties:	
Phone Number:		
Job Title:		
Supervisor:		
Reason for Leaving:	Starting Salary:	Ending Salary:

Employer:	Dates: From:	To:
Address:	Summary of Job Duties:	
Phone Number:		
Job Title:		
Supervisor:		
Reason for Leaving:	Starting Salary:	Ending Salary:

REFERENCES

List three persons, not related to you, who are qualified to describe your capabilities for the position you are applying.

1. Name: _____ Phone: _____

Address: _____ Occupation: _____

2. Name: _____ Phone: _____

Address: _____ Occupation: _____

3. Name: _____ Phone: _____

Address: _____ Occupation: _____

APPLICANTS STATEMENT AND AGREEMENT

It is the responsibility of the applicant to read the following before signing:

I AUTHORIZE MEDINA COUNTY OR ITS DESIGNEES TO INVESTIGATE ALL STATEMENTS CONTAINED IN THIS APPLICATION. I ALSO AUTHORIZE AND REQUEST ANY AND ALL OF MY FORMER EMPLOYERS (EXCEPT AS SPECIFIED ABOVE) AND ANY OTHER PERSON, FIRM, OR CORPORATION TO FURNISH ANY AND ALL INFORMATION REQUESTED BY MEDINA COUNTY OR ITS DESIGNEES CONCERNING MY JOB PERFORMANCE, SUITABILITY FOR EMPLOYMENT, JOB QUALIFICATIONS, AND PERSONAL BACKGROUND, AND I HEREBY RELEASE EACH SUCH EMPLOYER OR OTHER PERSON, FIRM, OR CORPORATION FROM ANY AND ALL LIABILITY BY REASON OF FURNISHING THE REQUESTED INFORMATION. IN ADDITION IF I SHOULD BECOME EMPLOYED BY MEDINA COUNTY, I EXPRESSLY AUTHORIZE MEDINA COUNTY TO RELEASE INFORMATION ABOUT MY JOB PERFORMANCE, JOB QUALIFICATIONS, AND SUITABILITY FOR EMPLOYMENT TO ANY PERSON WHO MAY REQUEST SUCH INFORMATION EITHER DURING MY EMPLOYMENT OR AFTER MY EMPLOYMENT TERMINATES, AND I EXPRESSLY RELEASE MEDINA COUNTY FROM ANY LIABILITY FOR DISCLOSING SUCH INFORMATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACT CONTAINED IN THIS APPLICATION IS CAUSE FOR MY REJECTION OR IMMEDIATE DISMISSAL IF I SHOULD BECOME EMPLOYED. I ALSO UNDERSTAND AND AGREE THAT, IF I SHOULD BECOME EMPLOYED, MY EMPLOYMENT WITH MEDINA COUNTY IS FOR NO DEFINITE TIME PERIOD AND MAY BE TERMINATED AT ANY TIME. FINALLY, I UNDERSTAND THAT THE COMPLETION OF THIS EMPLOYMENT APPLICATION DOES NOT INDICATE THAT THERE ARE POSITIONS AVAILABLE AND DOES NOT OBLIGATE MEDINA COUNTY TO OFFER ME A POSITION IF POSITIONS ARE AVAILABLE. A PHOTOCOPY OF THIS AUTHORIZATION WILL BE AS VALID AS THE ORIGINAL.

I CERTIFY THAT THE STATEMENTS AND INFORMATION CONTAINED HEREIN ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. BY SIGNING THIS APPLICATION, I GIVE PERMISSION/AUTHORIZATION TO MEDINA COUNTY TO CHECK FOR CRIMINAL CONVICTION RECORDS.

Signature of Applicant: _____ **Date:** _____

**MEDINA COUNTY, TEXAS
APPLICANT DATA RECORD**

IMPORTANT: ALL APPLICANTS PLEASE READ: TO ENABLE MEDINA COUNTY TO MEET GOVERNMENT REPORTING REGULATIONS, APPLICANTS ARE REQUESTED (BUT NOT REQUIRED) TO COMPLETE THIS PERSONAL DATA SHEET. INFORMATION WILL BE USED SOLELY FOR GOVERNMENT REPORTING PURPOSES. IT WILL NOT BE USED AS SELECTION CRITERIA AND WILL BE TREATED AS PERSONAL AND CONFIDENTIAL YOUR VOLUNTARY COOPERATION WILL BE APPRECIATED.

LAST NAME	FIRST NAME	M.I.	DATE
		<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
POSITION(S) APPLYING FOR:			

ETHNIC CATEGORY (CHECK ONE OR MORE)

<input type="checkbox"/>	<u>AMERICAN INDIAN OR ALASKA NATIVE:</u> A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AND SOUTH AMERICA (INCLUDING CENTRAL AMERICA), AND WHO MAINTAINS TRIBAL AFFILIATION OR COMMUNITY ATTACHMENT.
<input type="checkbox"/>	<u>ASIAN:</u> A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA OR THE INDIAN SUBCONTINENT INCLUDING, FOR EXAMPLE, CAMBODIA, CHINA, INDIA, JAPAN, KOREA, MALAYSIA, PAKISTAN, THE PHILIPPINE ISLANDS, THAILAND AND VIETNAM.
<input type="checkbox"/>	<u>BLACK OR AFRICAN AMERICAN:</u> A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.
<input type="checkbox"/>	<u>HISPANIC OR LATINO:</u> A PERSON OF MEXICAN, PUERTO RICAN, CUBAN, CENTRAL OR SOUTH AMERICA OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE.
<input type="checkbox"/>	<u>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:</u> A PERSON HAVING ORIGINS IN ANY OF THE PEOPLES OF HAWAII, GUAM, SAMOA OR OTHER PACIFIC ISLANDS.
<input type="checkbox"/>	<u>WHITE:</u> A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, NORTH AFRICA OR THE MIDDLE EAST.
<input type="checkbox"/>	<u>TWO OR MORE RACES:</u> A PERSON WHO PRIMARILY IDENTIFIES WITH TWO OR MORE OF THE ABOVE RACE/ETHNICITY CATEGORIES.

IF YOU WISH TO IDENTIFY YOURSELF AS A VETERAN, CHECK THE APPROPRIATE BOX BELOW

<input type="checkbox"/>	<u>A QUALIFIED DISABLED VETERAN:</u> 1) A PERSON ENTITLED TO DISABILITY COMPENSATION UNDER LAWS ADMINISTERED BY THE VETERANS ADMINISTRATION FOR DISABILITY RATED AT 30% OR MORE, OR 2) A PERSON WHOSE DISCHARGE OR RELEASE FROM ACTIVE DUTY WAS FOR A DISABILITY INCURRED OR AGGRAVATED IN THE LINE OF DUTY, AND 3) IS CAPABLE (QUALIFIED) OF PERFORMING A PARTICULAR JOB WITH REASONABLE ACCOMMODATION TO HIS/HER DISABILITY.
<input type="checkbox"/>	<u>A VIETNAM ERA VETERAN:</u> 1) A PERSON WHO A) ACTIVELY SERVED FOR MORE THAN 180 DAYS, ANY PART OF WHICH OCCURRED BETWEEN AUGUST 5, 1964 AND MAY 8, 1975 AND WAS RELEASED WITH OTHER THAN A DISHONORABLE DISCHARGE, OR B) WAS RELEASED FROM SUCH ACTIVE DUTY FOR A SERVICE-CONNECTED DISABILITY, AND 2) A PERSON WHO WAS DISCHARGED /RELEASED WITHIN 48 MONTHS PRIOR TO AN ALLEGED VIOLATION OF THE ACT AND/OR OF THE REGULATION ISSUED THEREUNDER ON JULY 26, 1976.

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:
----------------------	-------

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.	<input type="checkbox"/> Applicant <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Other:
Is any part of the Criminal History Record Information (CHRI) stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. <input type="checkbox"/> NO, CHRI is not stored by agency. <input type="checkbox"/> YES, CHRI is stored by agency.
CHRI Retention Period	<input type="checkbox"/> Temporarily Only <input type="checkbox"/> Annual <input type="checkbox"/> None Stored/Saved <input type="checkbox"/> Other:
CHRI Storage Method	<input type="checkbox"/> Physical/Printed (paper copy) <input type="checkbox"/> Digital/Electronic (saved anywhere on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	
Destruction Method	Explain:

[CHRI + Audit Resources Link](#)