

Wheeler County

Pat McDowell, County Judge
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COMMISSIONERS

Jackie Don May
Precinct One

Phillip Gaines
Precinct Two

David Simpson
Precinct Three

John Walker
Precinct Four

APPLICATION FOR EMPLOYMENT

All applicants are given equal consideration for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status in conformity with all Federal and State Laws.

PERSONAL

DATE _____

NAME _____
LAST FIRST MIDDLE

OTHER NAME(S) USED _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
HOW LONG _____

PERMANENT ADDRESS _____
HOW LONG _____

TELEPHONE: WORK _____ HOME _____

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT OT WORK IN THE UNITED STATES?

YES _____ NO _____ YOU WILL BE REQUIRED TO COMPLETE AN I-9 UPON HIRE

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? YES _____ NO _____
ANSWERING "YES" WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION.

IF YES, PLEASE PROVIDE DETAILS: _____

EMPLOYMENT DESIRED

INDICATE THE POSITION(S) FOR WHICH YOU ARE APPLYING: _____

FULL TME? _____ PART TIME? _____

DATE AVAILABLE TO START? _____ HOURS/DAY AVAILABLE? _____

DO YOU HAVE ANY COMMITMENTS THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US? _____

IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____ ARE YOU EMPLOYED NOW? _____

HAVE YOU EVER BEEN TERMINATED FROM EMPLOYEMENT? YES _____ NO _____

IF YES, PLEASE PROVIDE DETAILS: _____

EVER APPLIED TO (COMPANY) BERFORE? _____ WHEN _____

EDUCATION

Name of School	Print Name, Number and Street, City, State and Zip for each listing	Number of Years Completed	Degree, Major or Course
High School			
College			
Graduate School			
Other			

EMPLOYMENT

Dates	Name, Address and Telephone of Employer	Position	Salary	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

REFERENCES
(Other than Relatives)

Name and Address of Reference	Occupation	Telephone Number
1.)		
2.)		
3.)		

It is the Company's Policy to check each candidate's background thoroughly. I authorize persons, schools, my current employers (If Applicable), and previous employers and organizations named in this application (and accompanying resume, if any), to provide any relevant information that may be required to arrive at an employment decision. I further understand that the company may obtain consumer reports about me from a consumer reporting agency, and that the company will obtain my consent before obtaining such information.

I hereby affirm that the information provided on this application (and accompanying resume, if any), is true and complete to the best of my knowledge. I also agree that any falsified information or significant omission may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment and compensation can be terminated at will, with or without cause or reason, with or without notice, and at any time, at the option of either the company or myself.

I further understand that no manager or other representative of the company other than the Vice President or President, has any authority to enter into any agreement of employment for any specified period of time. I also understand and agree that any claim of continued employment for any specified period of time shall be nonbinding on the company and unenforceable by me unless it is produced to writing and signed by either the Vice President or President.

Name (please print)

Date

Signature