



HARRIS COUNTY, TEXAS

APPLICATION FOR EMPLOYMENT

Please return application to:
Commissioner Precinct 4
1001 Preston, Suite 950
Houston, Texas 77002

Harris County
<https://www.governmentjobs.com/careers/harriscountvtx>

Commissioner Precinct 4
 Office (713) 755-6444
<http://www.hcp4.net>

Please read the following before completing application.

Applicants are considered without regard to race, color, religion, sex, national origin, age or disability. Applications must be filled out completely. ALL questions must be answered. A resume may accompany the application; however, **CONSIDERATION FOR ANY POSITION IS BASED ONLY ON INFORMATION PROVIDED ON THE APPLICATION.** Please type or print clearly (blue or black ink).

First Name	Middle Name	Last Name	Social Security Number (Last 4 digits) XXX - XX -
Other Names (List any other names used if different from above)			Phone Number
Current Address:		(Number/Street/City/State/Zip Code)	Alternate Number
Email Address:		Are you between 18-20 years old?	<input type="checkbox"/>
		Are you at least 21 years old?	<input type="checkbox"/>
Are you authorized to work in the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please provide Job Announcement Number and Job Title for the position for which you wish to apply.

<u>Job/Announcement Number</u>	<u>Job Title</u>
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Date you can start: _____ **REFERRED BY:** _____

NOTE: For positions that require the "Clerical Skills Test" the applicant must take the test FIRST, before submitting the application. An application is not required to take the test. Test scores are valid for 6 months. (See applications instructions for testing dates and times.)

EDUCATION			
High School Name:	City/State	Graduated: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Diploma <input type="checkbox"/> GED Last Grade Completed:
Advanced Studies (Technical School, College, University Etc.):	City/State	Type of Diploma/Degree/Certificate & Year Completed:	
Major:	Minor:	Undergraduate Hours:	
Graduate Studies:	Graduate Hours:	*Transcripts may be required.	

FOR OFFICE USE ONLY

TEST SCORES	DATE: _____	*ORAL BILINGUAL _____	PASS _____ NOT PASS _____
TYPING SPEED: _____	WPM _____ ACCURACY _____ %	*WRITTEN BILINGUAL _____	PASS _____ NOT PASS _____
CLERICAL SKILLS: _____	% OVERALL _____	*READING COMPREHENSION _____	PASS _____ NOT PASS _____

GENERAL DATA

Answer items 1 through 6 by placing an "X" in the proper column.			YES	NO
1. Are you now working for or have you previously worked for Harris County? If yes, under what name?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Do you or does your spouse have any relatives presently working for or holding office in Harris County Government? If yes, please list the name(s), relationship and the department in which employed.	<input type="checkbox"/>	<input type="checkbox"/>		
3. Are you aware of any reason which would keep you from being bonded? If yes, describe.	<input type="checkbox"/>	<input type="checkbox"/>		
4. Are you licensed to operate a motor vehicle? If Yes, Driver's License No. _____ State: <u>TX</u> Class: _____ Expiration Date: _____ If No, Identification No. _____ D.L. Endorsement, if any: _____	<input type="checkbox"/>	<input type="checkbox"/>		
5. Are you willing to work the hours assigned?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Have you ever been convicted for a crime? (Exclude convictions that have been sealed, expunged or legally eradicated, and misdemeanor convictions for which probation was completed and the case was dismissed.) If YES, please use the space below to briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case. Harris County will not deny employment to any applicant solely because the person has been convicted of a crime. The County, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied.	<input type="checkbox"/>	<input type="checkbox"/>		
7. Other language(s) fluently Spoken: _____	Read: _____	Write: _____		
8. Machine and equipment skills:	9. Typing–WPM:	10. PC software applications:		
11. Special qualifications and skills: (Use this space to indicate any skills, licenses, or certifications, etc.; which in your opinion would qualify you for the position you seek.)				

EMPLOYMENT HISTORY

Employer:			Job Title:		
Address: (Number/Street/City/State/Zip Code)			Supervisor's Name & Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. of Persons Supervised:	Full Time	<input type="checkbox"/>
Reason for Leaving:		May we contact this employer?		Part Time	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No		Temporary	<input type="checkbox"/>
Phone Number:					
Duties:					

Employer:			Job Title:		
Address: (Number/Street/City/State/Zip Code)			Supervisor's Name & Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. of Persons Supervised:	Full Time	<input type="checkbox"/>
Reason for Leaving:		May we contact this employer?		Part Time	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No		Temporary	<input type="checkbox"/>
Phone Number:					
Duties:					

Employer:		Job Title:		
Address: (Number/Street/City/State/Zip Code)		Supervisor's Name & Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. of Persons Supervised:	Full Time <input type="checkbox"/>
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Part Time <input type="checkbox"/>
		Phone Number:		Temporary <input type="checkbox"/>
Duties:				

*For additional employment history or "volunteer work" information, please use the "Supplemental or Volunteer Information Sheet" and attach to this form.

REFERENCES

List three persons other than relatives who have definite knowledge of your qualifications.

Full Name	Home or Business Address (Number/Street/City/State/Zip Code)	Phone Number	Business or Occupation	Years Acquainted

By submitting and signing this application, I authorize and request any public or private business or other employee for whom I have worked or been employed, or with whom I have sought employment, to supply Harris County with any and all records pertaining to me that have been kept in the usual course of business, including but not limited to; drug and alcohol test results obtained within six months of the date of request for information by Harris County. The information obtained may be used by Harris County in making decisions with regard to my employment.

I authorize investigation of all statements contained in this application. I certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentation, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated. References and previous employers will be contacted to confirm statements unless otherwise indicated. I also understand that if offered employment by Harris County, I will be required to pass a drug test as a condition of employment.

APPLICATIONS WILL NOT BE CONSIDERED UNLESS SIGNED & DATED; AND ALL QUESTIONS ARE ANSWERED.

DATE:

APPLICANT'S SIGNATURE:

By typing my name above I accept I am signing this application.