





Latest Employer	Dates of Employment Start: _____ Ended: _____	Mailing Address
Immediate Supervisor and Phone No.	Type of Business	<input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Contract
Brief description of duties and responsibilities.		Starting Base Salary
		Ending Base Salary
		Starting Position
		Ending Position
Reason for leaving.		

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Do you have any friends or relatives working for Winkler County?     Yes     No

If yes, please state names and relationships. \_\_\_\_\_

*References Page*

Name:

Address:

City, State, Zip:

Phone Number:

Name:

Address:

City, State, Zip:

Phone Number:

Name:

Address:

City, State, Zip:

Phone Number:

Please read and initial each paragraph below. If there is any part of this page you do not understand, please ask the interviewer about it before signing.

\_\_\_\_\_ I hereby authorize Winkler County its representatives, employees or agents to thoroughly investigate my references, work records, education, criminal history and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to Winkler County any and all letters, reports, and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Winkler County, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that if offered employment, the offer will be contingent of my passing a pre-employment alcohol and drug screen and a pre-employment physical.

\_\_\_\_\_ If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that Winkler County may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to any alcohol/drug screen will be considered a voluntary resignation of employment.

\_\_\_\_\_ I understand that nothing contained in the application or conveyed to me during interview which may be granted is intended to create an employment contract, implied or explicit, between me and Winkler County. In addition, I understand and agree that if I am employed my employment relationship with Winkler County is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without notice, with or without cause or reason; at the option of either myself or Winkler County.

\_\_\_\_\_ I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or Winkler County benefits, policies and procedures will not alter our at-will and arbitration agreement.

\_\_\_\_\_ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of any identity and legal right to work in the United States on my first day of employment.

\_\_\_\_\_ If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Texas driver's license and understanding that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by Winkler County auto insurance, if required for my position.

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatements on this application or on any documents used to secure employment shall be grounds for rejection of the application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ My signature below certifies that I have read and understand this last page, and agree to the terms and conditions outlined in this document.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date