

ANGELINA COUNTY TAX OFFICE EMPLOYMENT APPLICATION

Angelina County is an At Will, Equal Opportunity Employer.

Name: _____ Date of Application _____

Address: _____

Phone _____ Best Time to Call _____

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes ___ No ___

ARE YOU A UNITED STATES MILITARY VETERAN? _____

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR? _____ DESCRIBE _____

Do you speak any languages besides English? _____ Which one(s)? _____

Are you employed now? _____ If so where? _____

May we ask your employer for a reference? _____ Date you can start? _____

If you are presently employed, how long have you been with this company? _____

What are your duties? _____ Why are you leaving? _____

Including the current employer, list your last 3 employers (starting with most recent):

Employer Name	Number and Years/Months worked	Phone Number	Position	Salary	Reason for Leaving

What is your highest level of Education? _____

Do not write below this line

Interview Scheduled _____ Person giving Interview _____

Hired? Yes ___ No ___ Keep application for future referral? Yes ___ No ___

If hired, Starting Date _____

(OVER)

Work References

Name _____ Phone # _____ Business _____

Name _____ Phone # _____ Business _____

Name _____ Phone # _____ Business _____

IN GENERAL, OUR PHYSICAL REQUIREMENTS ARE STANDING, SITTING, STOOPING, SQUATTING, WALKING, REACHING, PULLING, LIFTING UP TO 25 LBS., GETTING AROUND DESKS AND EQUIPMENT EASILY AND QUICKLY.

DO YOU HAVE ANY PHYSICAL LIMITATIONS THE PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? Yes _____ No _____

If yes, what kind of modifications can be done to accommodate your limitations? _____

In case of hire, please give us an emergency contact person:

Name _____ Relationship _____ Phone _____

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THIS INFO FROM ME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

DATE: _____ SIGNATURE: _____

My email address is: _____

A current email address is a requirement