



# HENDERSON COUNTY EMPLOYMENT APPLICATION

125 N. Prairieville, Courthouse Annex Rm #203, Athens, TX 75751

Henderson County is an Equal Opportunity Employer.

This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact the Henderson County Human Resources Department.

**Applications can be mailed to: Human Resources Department located at 125 N. Prairieville, Courthouse Annex Rm #203 Athens, TX 75751**  
<mailto:hr@henderson-county.com>

<b><u>Applicant Information</u></b>			
You <u>must</u> answer <u>all</u> questions to be considered for a position.			
Full Name:		Date:	
Last	First	M.I.	
Address:			
Street Address		Apartment Unit #	
City		State	ZIP Code
Position Applied for:			
Phone: (    )		E-mail Address:	
Date Available:		Desired Salary: \$	

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

What document can you provide as proof of citizenship or legal status?

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Have you ever worked for the County?                                      Yes \_\_\_ No \_\_\_

If yes, specify the County Department.

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**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

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*Note: Henderson County complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.*

**Education and Training/Licenses:**

**High School or GED**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

Do you possess a CDL? Yes \_\_\_ No \_\_\_ If yes, do you have any restrictions? \_\_\_\_\_

Do you have any endorsements on your CDL? Yes \_\_\_ No \_\_\_ If yes, what are your endorsements?  
 Please provide CDL License # below: \_\_\_\_\_

**Military:**

Are you a member of the Armed Services? Yes \_\_\_ No \_\_\_

**Employment History:**

Organization Name and Dates (Begin with Most Recent)	Position(s) Held	Reason for Leaving	Supervisors Name, Title, Phone Number	May we contact this person?
		<input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary <u>Reason for Leaving:</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary <u>Reason for Leaving:</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary <u>Reason for Leaving:</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No

**References:**

Name of Reference	Daytime Phone	How long have you known this person?	Nature of Relationship

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

If yes, please explain the circumstances:

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In order for Henderson County to be able to process your application, please review and initial each of the statements below:

- A. I declare that all statements contained in this application are true and that any misrepresentation or omission may result in rejection of my application and/or termination of my employment at any time. \_\_\_\_\_
  
- B. I authorize Henderson County to conduct a criminal background check, as well as personal and professional background checks, for the purposes of consideration of this application. You may contact any references, past and current employers, and any other individual or organization that might be relevant to the position for which I am applying- except for those specifically excluded in writing on this application. I hereby release all of these references, employers and other individuals/organizations from any and all liability for damages that might occur in connection with the processing of this application. \_\_\_\_\_
  
- C. I understand and agree that my employment relationship with this organization is an “at will” relationship, meaning that both the organization and I have the right to terminate this employment relationship at any time for no reason or for any reason, as long as that reason is not illegal. No verbal promises or guarantees can change this at-will relationship. Any changes to the at-will relationship or its terms must be in writing, for the agreed purpose of changing the relationship, and signed by me and by an authorized officer of this organization (For further information. Please consult this organization’s at-will policy). \_\_\_\_\_
  
- D. This organization prohibits and does not tolerate discrimination in any form, including harassment, on the basis of race, color, national origin, religion, sex, age, veteran or marital status, disability, genetics, sexual orientation, or any other protected category of individuals. This organization is an equal opportunity employer and makes hiring and other employment decisions based on job-related qualifications, abilities, and factors other than on the basis of the race, color, national origin, religion, sex, age, veteran or marital status, disability, genetics, sexual orientation, or any other protected category of individuals (For further information, please consult with the organization’s EEO policy.) \_\_\_\_\_
  
- E. My signature indicates that I have read all of the above statements, that I asked any questions I may have had, and that I fully understand all of these statements. \_\_\_\_\_

Please do not sign until you have read and initialed the above statements.

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Applicant’s Signature

Date

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Witness’ Signature

Date