



Marchel M. Eubank
HILL COUNTY DISTRICT CLERK

Office Use Only

Date Rec'd:

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: All applications for employment with the Hill County District Clerk's Office must be made on this form. Please answer ALL questions. If a question is not applicable, indicate by entering N/A. Resumes will be accepted, but not in place of a completed application.

Last		First		Middle	
NAME:					
		City		State	Zip
STREET ADDRESS:					
Area Code		Number		Area Code Number	
HOME PHONE:			CELL PHONE:		
[Redacted]			[Redacted]		
[Redacted]			[Redacted]		
YES	NO	Please attach additional information, if needed, to complete the following questions.			
<input type="checkbox"/>	<input type="checkbox"/>	Can you provide proof of age, if hired? All applicants must be at least 18 years of age.			
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a felony? If yes, provide details:_____			
<input type="checkbox"/>	<input type="checkbox"/>	Are you legally eligible to work in the United States? (Verification will be required if hired).			
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently employed? May we contact your current employer?_____			
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been employed by Hill County? If YES, When?_____			
		Position:_____		Reason for Leaving:_____	
Date available to begin work:_____		Starting Salary desired:_____			

EDUCATION

Name & Location

Major Subject(s)

No. of Years
Completed

DIPLOMA
Degree

High School:			
College:			
College:			
Graduate School:			
Other (Trade School):			
Other (Applicable Course Work):			

U.S. MILITARY SERVICE

Number of Years Served:_____	Branch of Service:_____	Rank at Discharge:_____
Duties:_____		
Are you a member of the National Guard or Reserve? Active____ Inactive____		

EMPLOYMENT HISTORY

Please start with your PRESENT/most recent job (including military service if applicable). Please provide employer information for the last 10 years. Please use page 3 to list additional past employment as necessary.

(1) Present/most recent employer:		Area Code		Number			
		Phone		Number:			
		City		State		Zip	
Street Address:							
Job Title:			Supervisor's Name:				
Dates Employed:		Starting Salary:		Final Salary:			
From:		To:					
Reason for Leaving:							
Job Duties:							

(2) Previous Employer:		Area Code		Number			
		Phone		Number:			
		City		State		Zip	
Street Address:							
Job Title:			Supervisor's Name:				
Dates Employed:		Starting Salary:		Final Salary:			
From:		To:					
Reason for Leaving:							
Job Duties:							

SKILLS

Computers, Office Equipment:	
Licenses:	
Typing (WPM):	10-Key (KPM):
Other:	

PRE-EMPLOYMENT STATEMENT

Please read the following carefully, then sign and date where indicated:

I authorize the Hill County District Clerk's Office to make any inquiries they desire regarding my employment, education, training, ability, habits, and personal character for the purpose of determining my fitness for employment. I understand that misrepresentation or omission of any fact required herein which would affect my application unfavorably or receipt of an unsatisfactory reference will be sufficient cause for termination without liability. This application is not an employment contract. Neither the county nor its employees are bound to continue the employment relationship if either chooses at its will to end the relationship at any time. All employment is at will and the relationship cannot be modified unless done in writing.	
Applicant's Signature	Date

Please Complete As Necessary:

(3) Previous Employer:		Area Code		Number	
		Phone		Number:	
		City	State	Zip	
Street Address:					
Job Title:			Supervisor's Name:		
Dates Employed:		Starting Salary:		Final Salary:	
From:	To:				
Reason for Leaving:					
Job Duties:					

(4) Previous Employer:		Area Code		Number	
		Phone		Number:	
		City	State	Zip	
Street Address:					
Job Title:			Supervisor's Name:		
Dates Employed:		Starting Salary:		Final Salary:	
From:	To:				
Reason for Leaving:					
Job Duties:					

(5) Previous Employer:		Area Code		Number	
		Phone		Number:	
		City	State	Zip	
Street Address:					
Job Title:			Supervisor's Name:		
Dates Employed:		Starting Salary:		Final Salary:	
From:	To:				
Reason for Leaving:					
Job Duties:					