



# Zavala County

## Employment

## Application

### An Equal Opportunity Employer

Zavala County Courthouse  
200 E. Uvalde St. Suite 10  
Crystal City, TX. 78839  
(830) 374-2442

Fax (830) 374-2634

Email:

[countytreasurer@zavalacounty.org](mailto:countytreasurer@zavalacounty.org)

Zavala County Website:  
[co.zavala.tx.us](http://co.zavala.tx.us)

It is the policy of Zavala County not to discriminate in employment on the basis of race, religion, color, age, national origin, sex, marital status, veteran status or disability. To request a reasonable accommodation or other assistance, contact the Human Resources Department at (830) 374-2442 or, for the hearing impaired, mail your request to the address above.

Name \_\_\_\_\_ Date \_\_\_\_\_

(Last) (First) (Middle)

Address \_\_\_\_\_

(Street) (City) (State) (Zip)

Telephone \_\_\_\_\_

(Personal) (Alternate)

Position Applied For \_\_\_\_\_ Department \_\_\_\_\_

Are you willing to work:  Full-time  Part-time  Temporary  Shift work

May we contact your present employer:  Yes  No

**PREVIOUS EMPLOYMENT:** List all employment (including military service) **for at least the past 10 years.** Begin with your present position and work back. Attach additional sheets or resume to provide sufficient qualifying experience data. ***Please do not write "SEE RESUME"***. Be thorough since your answers may determine whether or not you will be considered for a position. The "Reason for Leaving" and "Salary" must be completed. (Attach additional sheets if needed.) Any applicant providing unrequested information may be rejected.

From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \_\_\_\_\_ Employer \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone No. \_\_\_\_\_ Employer Address \_\_\_\_\_

Reason for Leaving/Wanting to Leave \_\_\_\_\_

Description of Work \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \_\_\_\_\_ Employer \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone No. \_\_\_\_\_ Employer Address \_\_\_\_\_

Reason for Leaving/Wanting to Leave \_\_\_\_\_

Description of Work \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \_\_\_\_\_ Employer \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone No. \_\_\_\_\_ Employer Address \_\_\_\_\_

Reason for Leaving/Wanting to Leave \_\_\_\_\_

Description of Work \_\_\_\_\_

Please explain all periods of unemployment exceeding 90 days: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION:**

Did you graduate from high school?  Yes  No If no, last grade completed \_\_\_\_\_ GED obtained?  Yes  No

College-University-Trade Business-Correspondence School Name	Location	No. Of Years	Major Area Of Study	Semester Hours	Degrees Granted

(Applicants may be required to provide copies of transcripts and/or diplomas/certificates.)

**MILITARY SERVICE:**

Branch of Service \_\_\_\_\_ List any relevant job-related skills acquired during military service (you

May be required to provide a copy of form DD214). \_\_\_\_\_

**PERSONAL DATA:**

Please list any other names you have used in connection with employment or education \_\_\_\_\_

Have you previously worked for Zavala County?  Yes  No If so, when? \_\_\_\_\_

Department \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Are you authorized to work in this country?  Yes  No (Proof of citizenship or immigration status will be required upon employment)

Can you perform the essential/marginal functions of the job for which you are applying with or without a reasonable accommodation?

Yes  No

Have you ever been convicted of or pled guilty or "no contest" to any offense during the past ten years?  Yes  No

(Conviction may not necessarily disqualify the applicant)

If Yes, List ALL such offenses and state date, name of Court and disposition. (You may omit minor traffic violations for which you paid a fine of \$100 or less)

List all counties and states you have resided in within the past 10 years.

List all licenses/certifications/registrations you hold (such as Drivers, CDL, etc.)

Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Specify equipment or office machines you operate: \_\_\_\_\_

Are you related to any elected official or person in the employ of the County of Zavala?  Yes  No

Name \_\_\_\_\_ Where Employed \_\_\_\_\_ Relationship \_\_\_\_\_

Give the names and addresses of three persons, other than relatives, who have knowledge of your character, experience or ability:

Name \_\_\_\_\_ Address \_\_\_\_\_ Occupation \_\_\_\_\_ Telephone \_\_\_\_\_

List any additional experience and training you have had which in your opinion would qualify you for the position you seek:

(Example: apprenticeships, technical skills, foreign languages spoken/written, etc.) \_\_\_\_\_

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Where applicable, would you be willing to accept compensatory time in lieu of overtime pay?  Yes  No

### **IMPORTANT**

**It is the responsibility of the applicant to read the following before signing:**

### **APPLICANTS STATEMENT AND AGREEMENT**

I certify that the answers given herein are true and complete. I understand that any falsification or willful omission made in my application, resume or interview(s) shall be sufficient cause for dismissal or refusal of employment, whenever discovered. I hereby authorize each former employer, whether given as a reference or not, to answer any questions and furnish any information sought by the County concerning any qualifications for employment. Depending on the department and position applied for, I understand that such investigation may include a full criminal history and FBI records check. I authorize investigation of all statements contained in this application for employment, and I release Zavala County, its management and appointed and elected officials, and all third parties supplying information to the County from any and all liability, including liability caused by negligence, arising from reference and background checks conducted by or on behalf of the employer about me. Upon my termination, I authorize release of reference information regarding my employment and work record and release Zavala County from any and all liability resulting from the release of such information. I also understand that this application is subject to the Open Records Act and may be released as a public document.

I understand that my employment is at the discretion of the Commissioners' Court or elected Department Head concerned, and that Zavala County is an employment-at-will employer, which means that I may resign at any time and the County may terminate my employment at any time for any or no reason.

I understand that my employment is contingent upon successful completion of a conditional post-employment offer fitness for duty examination which will include a drug screen. This examination will be conducted by health care providers of the County's selection. I certify that I will fully and truthfully answer any questions asked by the health care providers or staff. I understand that a positive result from the drug screen will eliminate me from consideration from any County job for one year. I also, understand that, once employed, refusal to submit to such exams or a positive result on a drug/alcohol screen will be grounds for disciplinary action, which may include termination. While employed, if my department head requests, I will submit to additional physical examinations by health care providers of the County's selection for the purpose of determining my fitness for continued employment. If injured during the course of employment, I will promptly report such injury to my supervisor or department head. If medical treatment is necessary or requested, I will submit to treatment or examination by health care providers of the County's selection.

I understand and agree that if I am applying for a law enforcement or jail position, I will be required to comply with all the requirements of the Texas Commission on Law Enforcement (TCOLE) or other equivalent agency as required by the State. I further understand that any offer of employment is conditional upon satisfactorily completing all tests, including physical agility, to determine my fitness for this position.

I understand that Zavala County has an Employee Handbook or policies which describe additional obligations, terms and conditions of employment. I agree to promptly familiarize myself with the terms of such documents and abide thereby. I understand and agree that all benefits, programs, rules and policies of the County are subject to exceptions or change at any time, as decided by the County.

I certify that I have carefully read each provision of this application for employment and that I have been given an opportunity to ask questions concerning any provision which I do not fully understand. I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. **This application must be signed.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Zavala County is an Equal Opportunity Employer. We request that you provide the following information which is used to study recruitment and employment patterns and to provide statistical data to federal compliance agencies. This information will be kept separate from your application and kept confidential and will in no way be used in consideration of your application for employment. **Completion of this portion of the form is voluntary.** Failure to provide this information will not jeopardize your opportunity for employment with Zavala County.

Check the most appropriate blank:

- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> Male   | <input type="checkbox"/> White (not Hispanic or Latino)                                     |
| <input type="checkbox"/> Female | <input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino)          |
|                                 | <input type="checkbox"/> Black or African American (not Hispanic or Latino)                 |
|                                 | <input type="checkbox"/> Asian (not Hispanic or Latino)                                     |
|                                 | <input type="checkbox"/> Hispanic or Latino   |
|                                 | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) |
|                                 | <input type="checkbox"/> Two or More Races (not Hispanic or Latino)                         |
|                                 | <input type="checkbox"/> "Other"  |

If "Other", please specify: \_\_\_\_\_

How did you hear about job opening?

- |  |  |
|--|--|
| <input type="checkbox"/> Stopped in to check on available jobs | <input type="checkbox"/> Texas Work Force Commission         |
| <input type="checkbox"/> Referred by a County employee         | <input type="checkbox"/> Newspaper or magazine advertisement |
| <input type="checkbox"/> Other (please list) _____             |  |

## RETURN COMPLETED APPLICATIONS TO:

Zavala County Courthouse  
Treasurer's Office  
200 E. Uvalde, St., Suite 10  
Crystal City, TX. 78839  
Email: [countytreasurer@zavalacounty.org](mailto:countytreasurer@zavalacounty.org)