

**Cherokee County
Human Resource Director
135 S. Main St.
Rusk, TX 75785**

**CHEROKEE COUNTY
APPLICATION FOR EMPLOYMENT**

PLEASE READ THESE INSTRUCTIONS PRIOR TO COMPLETING THIS APPLICATION

1. Applications are kept on file with Cherokee County for two years from the date submitted. To apply for separate positions, you must complete additional applications.
2. A resume may be submitted with the application, however, all applicants are required to submit a completed application in order to be considered for employment opportunities.
3. Falsification, misrepresentation, or omissions of fact may be grounds for rejection of your application, or subsequent termination of employment if hired.
4. Information or documents provided in this application or verbally provided to Cherokee County is subject to verification. Applications and documents submitted for consideration of employment become the property of Cherokee County and will not be returned to the applicant.
5. You may be contacted for further information or an interview by Human Resources or the department for which you are applying. If you are not considered or hired, you will not receive notice.
6. This application becomes public record and is subject to disclosure in accordance with the Texas Government Code –Section 552-Public Information Act.
7. Cherokee County uses E-Verify. As mandated by the Immigration Reform and Control Act of 1986, all candidates offered employment must provide written proof, on or before the first day of employment, that establishes identity and eligibility to work in the United States. This is accomplished by completing the Employment Eligibility Verification Form (I-9) and producing acceptable documents. Contact the Human Resource Director for a list of acceptable documents.

Office: (903)683-5367

Fax: (903)683-1186

Email: hr@cocherokee.org

Website: www.co.cherokee.tx.us

WORK EXPERIENCE:

List all employment (including military service) **for at least the past 10 years**. Begin with your present or most recent position and work back in order. Please attach additional sheets or resume in order to provide sufficient qualifying work experience.

1) Present or Most Recent Employer:	Phone No:
Street Address:	City, State & Zip Code
Your Title:	Supervisor Name:
Job Duties:	Start Date: End Date:
Reason for Leaving/Wanting to Leave:	Salary

2) Present or Most Recent Employer:	Phone No:
Street Address:	City, State & Zip Code
Your Title:	Supervisor Name:
Job Duties:	Start Date: End Date:
Reason for Leaving/Wanting to Leave:	Salary

3) Present or Most Recent Employer:	Phone No:
Street Address:	City, State & Zip Code
Your Title:	Supervisor Name:
Job Duties:	Start Date: End Date:
Reason for Leaving/Wanting to Leave:	Salary

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PERSONAL DATA:

Have you ever been convicted of a felony? Yes _____ No _____

Note: A felony conviction is not necessarily a bar to employment. The County, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied. False statements or omissions of information, whether intentional or unintentional, will be grounds for immediate elimination from further consideration or dismissal from employment with Cherokee County if hired.

LICENSES/CERTIFICATIONS:

List all licenses/certifications/registrations you hold (include drivers, professional, etc)

Type: _____ Expiration Date: _____

Type: _____ Expiration Date: _____

OFFICE/SECRETARIAL APPLICANTS			
Skill	Years of Experience		Software/Equipment Used
Typing/Keyboarding		Words per minute:	
Computer Experience			
Customer Service			
Telephone(Professional)			

Please list any additional experience or training you have had which, in your opinion, would qualify you for the position you seek: _____

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REFERENCES: List the name, address, telephone number and email address of three persons (other than relatives) who have knowledge of your character, experience or ability:

Name	Address	Telephone Number	Email Address	How do you know this person?

This application is not complete until you have read and signed page 6.

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IMPORTANT

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

Applicant's Name (print)

I certify that the answers given herein on this application of employment with **Cherokee County** 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 understand that the information provided in my application, resume and interviews may be investigated, and 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 and driver's license check. I hereby release the County and all third parties supplying information to the County from all liability, including liability caused by negligence, arising from reference and background checks conducted by or on behalf of the employer about me. 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 Commissioners' Court, Elected Official or Department Head concerned and that Cherokee 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 legal reason or no reason.

I understand that Cherokee County may elect to pay compensation or cash overtime as allowed under the Fair Labor Standards Act. If injured during the course of employment, I will promptly report such injury to my supervisor or department head. I will complete an accident report in order to have the injury reported properly. If medical treatment for a work related injury or illness is necessary or requested, I will submit to treatment or examination by health care providers available through my employer's workers compensation insurance.

I understand that Cherokee County has an Employee Handbook outlining policies. Some departments may have additional policies and obligations, terms and conditions of employment. I agree to promptly familiarize myself with the terms of such documents and abide thereby, if applicable. 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.

This application must be signed.

Applicant Signature

Date Signed

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