



MCBH; CA 9F MCCI BHMEA D@CMA 9BH ADD@-75H-CB
 501 N. Thompson Ste 400 ▪ Conroe, TX 77301-2893 ▪ www.mctx.org
 ▪ Phone 936-539-7886 ▪ Fax 936-788-8396 ▪ Email jobs@mctx.org

FILL OUT APPLICATION CLEARLY AND COMPLETELY. Applications and attachments, once submitted, become the property of Montgomery County and will not be returned.

LAST NAME		FIRST		M.I.	DATE	
MAILING ADDRESS		STREET		CITY	STATE ZIP	
HOME TELEPHONE	CELLULAR TELEPHONE	EMAIL ADDRESS		SOCIAL SECURITY NUMBER		
POSITION(S) APPLYING FOR		DATE AVAILABLE TO WORK		DRIVERS LICENSE NUMBER	STATE	
AVAILABLE TO WORK (CHECK ALL THAT APPLY):						
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> ROTATING SHIFTS <input type="checkbox"/> EVENINGS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> NIGHTS <input type="checkbox"/> HOLIDAYS						
IN COMPLIANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT, ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A CRIME OF MORAL TURPITUDE? (CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT CONSIDERATION.)					<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PROVIDE DATE AND EXPLANATION:						
EDUCATION, TRAINING, AND OTHER JOB-RELATED INFORMATION						
DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	NAME	STATE	HOURS COMPLETED	DATES ATTENDED	DEGREE	
COLLEGE				"FROM: TO:"		
TRADE SCHOOL				"FROM: TO:"		
OTHER				"FROM: TO:"		
LIST CERTIFICATES, LICENSES, PROFESSIONAL REGISTRATION OR OTHER CREDENTIALS:						
SPECIAL SKILLS AND QUALIFICATIONS:						
CAN YOU SPEAK A FOREIGN LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT LANGUAGE(S) ?						
EQUIPMENT, OFFICE MACHINES (INCLUDING SOFTWARE) THAT YOU CAN OPERATE:						
MILITARY EXPERIENCE						
MILITARY SERVICE/BRANCH:		DATES:		RANK AT DISCHARGE:		
TYPE OF DISCHARGE:		SPECIALTIES:				
RELATIVES WHO ARE ELECTED OFFICIALS OR EMPLOYED BY MONTGOMERY COUNTY GOVERNMENT						
NAME		DEPARTMENT		RELATIONSHIP		
HUMAN RESOURCES USE ONLY—DO NOT WRITE IN THIS SECTION						
DATE OF TYPING TEST: _____ WPM						
DATE OF CLERICAL TEST: _____ % ADMIN _____ % MATH _____ % EXCEL _____ % WORD _____ % PP _____ % A/P						
AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER						

APPLICATION INFORMATION

- 1. EMPLOYMENT HISTORY MUST BE COMPLETED IN ORDER FOR YOUR APPLICATION TO BE ACCEPTED AND CONSIDERED.
- 2. LIST ALL JOBS HELD IN THE PAST 10 YEARS. PLEASE LIST MOST RECENT JOB FIRST, INCLUDING RELEVANT VOLUNTEER EXPERIENCE.
- 3. RESUMES MAY BE ATTACHED TO SUPPORT, BUT NOT REPLACE THE FULLY COMPLETED APPLICATION.
- 4. IF HIRED YOU MUST PROVIDE DOCUMENTS VERIFYING YOUR IDENTITY AND AUTHORIZATION TO WORK IN THE U.S. WITHIN 3 DAYS FROM THE DATE OF HIRE.

HAVE YOU EVER WORKED FOR MONTGOMERY COUNTY BEFORE? YES NO
IF YES, THIS INFORMATION MUST BE INCLUDED ON THIS APPLICATION

EMPLOYMENT HISTORY

DATES EMPLOYED FROM (MO/YR): TO (MO/YR):	EMPLOYER NAME
JOB TITLE:	EMPLOYER ADDRESS CITY " ST ZIP
STARTING SALARY: ENDING SALARY:	REASON FOR LEAVING:
EMPLOYER PHONE:	SUPERVISOR'S NAME/TITLE:
DUTIES:	

DATES EMPLOYED FROM (MO/YR): TO (MO/YR):	EMPLOYER NAME
JOB TITLE:	EMPLOYER ADDRESS CITY " ST ZIP
STARTING SALARY: ENDING SALARY:	REASON FOR LEAVING:
EMPLOYER PHONE:	SUPERVISOR'S NAME/TITLE:
DUTIES:	

DATES EMPLOYED FROM (MO/YR): TO (MO/YR):	EMPLOYER NAME
JOB TITLE:	EMPLOYER ADDRESS CITY " ST ZIP
STARTING SALARY: ENDING SALARY:	REASON FOR LEAVING:
EMPLOYER PHONE:	SUPERVISOR'S NAME/TITLE:
DUTIES:	

DATES EMPLOYED FROM (MO/YR): TO (MO/YR):	EMPLOYER NAME
JOB TITLE:	EMPLOYER ADDRESS CITY " ST ZIP
STARTING SALARY: ENDING SALARY:	REASON FOR LEAVING:
EMPLOYER PHONE:	SUPERVISOR'S NAME/TITLE:
DUTIES:	

DO YOU OBJECT TO HAVING ANY OF THE ABOVE EMPLOYERS CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:	FORMER NAMES UNDER WHICH YOUR FORMER EMPLOYERS WOULD KNOW YOU:
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LIST ANY OTHER INFORMATION THAT YOU FEEL MIGHT REFLECT YOUR ABILITIES (E.G. VOLUNTEER/COMMUNITY WORK, CIVIC/PROFESSIONAL ORGANIZATIONS, ETC):

READ CAREFULLY BEFORE SIGNING

I HEREBY CERTIFY THAT THE STATEMENTS MADE AND ANSWERS GIVEN BY ME TO THE QUESTIONS ON THIS FORM ARE TRUE AND CORRECT AND THAT THERE ARE NO OMISSIONS. I UNDERSTAND THAT ANY EVASION, UNTRUTHFUL STATEMENT, ANSWER, OR OMISSION SHALL BE SUFFICIENT CAUSE FOR DISCHARGE AT ANY TIME. I HEREBY REQUEST AND AUTHORIZE REPRESENTATIVES OF THE COMPANIES SHOWN UNDER "EMPLOYMENT HISTORY" AND ON ANY ATTACHED PAGES TO FURNISH MONTGOMERY COUNTY ANY INFORMATION REGARDING MY EMPLOYMENT WITH THEM TOGETHER WITH ANY INFORMATION THEY MAY HAVE REGARDING ME, INCLUDING MOTOR VEHICLE RECORDS, MILITARY RECORDS, FINANCIAL STATUS, CRIMINAL RECORD, AND GENERAL REPUTATION, AND I HEREBY RELEASE SUCH COMPANIES, AND PERSONS, FROM ALL LIABILITY, CLAIMS, AND DAMAGES IN CONNECTION WITH THE FURNISHING OF SUCH INFORMATION. I ACKNOWLEDGE THAT THE FOREGOING COMPLETED APPLICATION FORM DOES NOT IN ANY WAY CONSTITUTE A CONTRACT OF EMPLOYMENT.

REFERENCE CHECK AUTHORIZATION

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AND RELEASE MONTGOMERY COUNTY, ITS MANAGEMENT AND APPOINTED AND ELECTED OFFICIALS, FROM ANY AND ALL LIABILITY RESULTING FROM SUCH INVESTIGATION. UPON MY TERMINATION, I AUTHORIZE RELEASE OF REFERENCE INFORMATION REGARDING MY EMPLOYMENT AND WORK RECORD AND RELEASE MONTGOMERY COUNTY FROM ANY AND ALL LIABILITY RESULTING FROM THE RELEASE OF SUCH INFORMATION.

SIGNATURE _____ DATE _____

JOB SKILLS

PLEASE INDICATE THE EXPERIENCE YOU HAVE BY CHECKING
THE BLANK NEXT TO THE JOB SKILL DESCRIBED BELOW.

ADMINISTRATIVE/CLERICAL			
<input type="checkbox"/> 1000 Clerk/Secretary	<input type="checkbox"/> 1001 District/County Clerk	<input type="checkbox"/> 1002 Tax/Vehicle Reg Clerk	
<input type="checkbox"/> 1003 Voter Elections Clerk	<input type="checkbox"/> 1100 Human Resources	<input type="checkbox"/> 1200 Office Mgr/Admin Asst	
<input type="checkbox"/> 1300 Paralegal/Legal Secretary	<input type="checkbox"/> 1400 Purchasing/Buyer	<input type="checkbox"/> 2000 Typing 30-39 WPM	
<input type="checkbox"/> 2001 Typing 40-49 WPM	<input type="checkbox"/> 2002 Typing 50-59 WPM	<input type="checkbox"/> 2003 Typing 60+ WPM	
<input type="checkbox"/> 2500 Bilingual (Spanish/English)	<input type="checkbox"/> 2501 Computer Experience	<input type="checkbox"/> 2502 Shorthand/Transcription	
<input type="checkbox"/> 2503 10 Key by touch			
ACCOUNTING/BOOKKEEPING			
<input type="checkbox"/> 3000 Accountant (Degreed)	<input type="checkbox"/> 3002 Accounts Payable	<input type="checkbox"/> 3004 Payroll	
<input type="checkbox"/> 3001 Accountant/Bookkeeper	<input type="checkbox"/> 3003 Accounts Receivable		
COMMUNICATIONS			
<input type="checkbox"/> 3500 Dispatcher	<input type="checkbox"/> 3501 Switchboard Operator		
COMPUTER			
<input type="checkbox"/> 4000 Computer Operator	<input type="checkbox"/> 4001 Hardware Installer	<input type="checkbox"/> 4002 Programmer/Analyst	
<input type="checkbox"/> 4003 Systems Operator			
CRIMINAL JUSTICE			
<input type="checkbox"/> 4500 Counselor	<input type="checkbox"/> 4501 Probation Officer	<input type="checkbox"/> 4502 Resident/Detention Care	
DRIVER/EQUIPMENT OPERATOR			
<input type="checkbox"/> 5000 Equipment Operator	<input type="checkbox"/> 5001 Front End Loader	<input type="checkbox"/> 5002 Gradall Operator	
<input type="checkbox"/> 5003 Laborer	<input type="checkbox"/> 5004 Maintenance	<input type="checkbox"/> 5005 Mechanic (VEH & HVY EQPT)	
<input type="checkbox"/> 5006 Truck Driver	<input type="checkbox"/> 5007 Truck Driver with CDL		
ENGINEERING/DRAFT/SURVEYING			
<input type="checkbox"/> 5500 Draftsman	<input type="checkbox"/> 5501 Engineer	<input type="checkbox"/> 5502 Map/Plat Draftsman	
<input type="checkbox"/> 5503 Surveyor			
EXTENSION SERVICE			
<input type="checkbox"/> 6000 Agriculture	<input type="checkbox"/> 6001 Home Economics	<input type="checkbox"/> 6002 Horticulture	
<input type="checkbox"/> 6003 4-H Program			
HEALTH/INSPECTOR/FOOD SERVICE			
<input type="checkbox"/> 6500 Cook	<input type="checkbox"/> 6501 Food Inspector	<input type="checkbox"/> 6502 General Food Service	
<input type="checkbox"/> 6503 Sanitation Inspector			
LAW ENFORCEMENT			
<input type="checkbox"/> 7000 Animal Control Deputy	<input type="checkbox"/> 7001 Arson Investigator/Inspector	<input type="checkbox"/> 7002 Certified Peace Officer	
<input type="checkbox"/> 7003 Civilian Jailer/Guard	<input type="checkbox"/> 7004 Detective		
LIBRARY			
<input type="checkbox"/> 7500 Librarian (MLS Degree)	<input type="checkbox"/> 7501 Library Assistant	<input type="checkbox"/> 7502 Shelver	
MAINTENANCE/CONSTRUCTION/CUSTODIAL			
<input type="checkbox"/> 8000 Air Conditioning/Heating	<input type="checkbox"/> 8001 Carpenter	<input type="checkbox"/> 8002 Custodian (Bldg & Floor)	
<input type="checkbox"/> 8003 Electrician	<input type="checkbox"/> 8004 Laborer (Gen Construction)	<input type="checkbox"/> 8005 Painter	
<input type="checkbox"/> 8006 Plumber	<input type="checkbox"/> 8007 Lawn Care/Landscaping		

**MONTGOMERY COUNTY, TEXAS
APPLICANT DATA RECORD**

IMPORTANT: ALL APPLICANTS READ: TO ENABLE MONTGOMERY COUNTY TO MEET GOVERNMENT REPORTING REGULATIONS, APPLICANTS ARE REQUESTED (BUT NOT REQUIRED) TO COMPLETE THIS PERSONAL DATA SHEET. INFORMATION WILL BE USED SOLELY FOR GOVERNMENT REPORTING PURPOSES. IT WILL NOT BE USED AS SELECTION CRITERIA AND WILL BE TREATED AS PERSONAL AND CONFIDENTIAL. YOUR VOLUNTARY COOPERATION WILL BE APPRECIATED.

LAST NAME	FIRST	M.I.	DATE
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DATE OF BIRTH	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
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POSITION(S) APPLYING FOR:

ETHNIC CATEGORY (CHECK ONE OR MORE):

<input type="checkbox"/>	NATIVE AMERICAN ALASKA NATIVE. A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA AND SOUTH AMERICA (INCLUDING CENTRAL AMERICA), AND WHO MAINTAINS TRIBAL AFFILIATION OR COMMUNITY ATTACHMENT.
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<input type="checkbox"/>	ASIAN. A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE EAR EAST, SOUTHEAST ASIA OR THE INDIAN SUBCONTINENT INCLUDING, FOR EXAMPLE, CAMBODIA, CHINA, INDIA, JAPAN, POREA, PALAYSIA, PAKISTAN, THE PHILIPPINE ISLANDS, THAILAND AND VIETNAM.
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<input type="checkbox"/>	BLACK OR AFRICAN AMERICAN. A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA. TERMS SUCH AS "HAITIAN" OR "NEGRO" CAN BE USED IN ADDITION TO "BLACK" OR "AFRICAN AMERICAN."
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<input type="checkbox"/>	HISPANIC OR LATINO. A PERSON OF MEXICAN, PUERTO RICAN, CUBAN, CENTRAL OR SOUTH AMERICA OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE. THE TERM, "SPANISH ORIGIN" CAN BE USED IN ADDITION TO "HISPANIC" OR "LATINO."
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<input type="checkbox"/>	NATIVE HAWAIIAN OR PACIFIC ISLANDER. A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF HAWAII, GUAM, SAMOA, OR OTHER PACIFIC ISLANDS.
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<input type="checkbox"/>	WHITE. A PERSON HAVING ORIGINS IN ANY OF THE PEOPLES OF EUROPE, NORTH AFRICA OR THE MIDDLE EAST.
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IF YOU WISH TO IDENTIFY YOURSELF AS A VETERAN, CHECK THE APPROPRIATE BOX BELOW

<input type="checkbox"/>	A QUALIFIED DISABLED VETERAN 1) A PERSON ENTITLED TO DISABILITY COMPENSATION UNDER LAWS ADMINISTERED BY THE VETERANS ADMINISTRATION FOR DISABILITY RATED AT 30% OR MORE, OR 2) A PERSON WHOSE DISCHARGE OR RELEASE FROM ACTIVE DUTY WAS FOR A DISABILITY INCURRED OR AGGRAVATED IN THE LINE OF DUTY, AND 3) IS CAPABLE (QUALIFIED) OF PERFORMING A PARTICULAR JOB WITH REASONABLE ACCOMMODATION TO HIS/HER DISABILITY.
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<input type="checkbox"/>	A VIETNAM ERA VETERAN 1) A PERSON WHO A) ACTIVELY SERVED FOR MORE THAN 180 DAYS, ANY PART OF WHICH OCCURRED BETWEEN AUGUST 5, 1964 AND MAY 7, 1975 AND WAS RELEASED WITH OTHER THAN A DISHONORABLE DISCHARGE, OR B) WAS RELEASED FROM SUCH ACTIVE DUTY FOR A SERVICE-CONNECTED DISABILITY, AND 2) A PERSON WHO WAS DISCHARGED/RELEASED WITHIN 48 MONTHS PRIOR TO AN ALLEGED VIOLATION OF THE ACT AND/OR OF THE REGULATION ISSUED THEREUNDER ON JULY 26, 1976.
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