



DeWitt County Treasurer
 102 N. Clinton St., Ste. 230
 Cuero, Texas 77954

DeWitt County

Road and Bridge

Precinct Employment Application

An Equal Opportunity Employer

(361) 275-0894
 Fax (361) 275-0898
 DeWitt County Website:
www.co.dewitt.tx.us

It is the policy of DeWitt County to not discriminate in employment on the basis of race, religion, color, age, national origin, sex (including pregnancy, gender identity, and sexual orientation), marital status, veteran status disability or genetic makeup. To request a reasonable accommodation or other assistance in the application process, contact the County Treasurer at (361) 275-0894, hr@dwcotx.org, or mail your request to the address above.

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		E-MAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED		DATE AVAILABLE	

Do you have legal right to work in the United States? Yes No

(Proof of citizenship or immigration status will be required upon employment)

Are you willing to work: Full Time Part Time Temporary

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

Yes No

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE/PERMIT INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below, includes all licenses/permits held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheets if more space is needed. Check this box if none

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed. Check this box if none

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

If yes, explain: _____

Has any license, permit, or privilege ever been suspended or revoked? Yes No

If yes, explain: _____

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). **Please do not write "SEE RESUME"**. You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION		FROM (MO/YR)		TO (MO/YR)	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated made subject to alcohol and controlled substances testing as required by 49 CFR, part 40?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECOND (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION		FROM (MO/YR)		TO (MO/YR)	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated made subject to alcohol and controlled substances testing as required by 49 CFR, part 40?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

THIRD (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION		FROM (MO/YR)		TO (MO/YR)	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated made subject to alcohol and controlled substances testing as required by 49 CFR, part 40?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please explain all unemployment gaps:

Have you previously been employed by DeWitt County? Yes No If so, when? _____

Department: _____ Position: _____ Supervisor: _____

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETE	GRADUATE		DETAILS
				Y	N	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	
GED Obtained				<input type="checkbox"/>	<input type="checkbox"/>	

Please list any other names you have used in connection with employment/education: _____

OTHER QUALIFICATIONS

Please list any other qualifications you possess and in which you believe should be considered.

Military Service? Yes No

Branch of Service: _____

List any relevant job-related skills acquired during military service (you may be required to provide a copy of form DD-214).

Have you ever been convicted of a crime? (Exclude convictions that have been sealed, expunged or legally eradicated, and misdemeanor convictions for which probation was completed and the case was dismissed). Yes No

If YES, please use the space below to briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case. DeWitt County will not deny employment to any applicant solely because the person has been convicted of a crime. 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. (You may omit minor traffic violations for which you paid a fine of \$100 or less)

Are you related to any Elected Official or person employed with the DeWitt County? Yes No

Name: _____ Department: _____ Relationship: _____

Give 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 possess which, in your opinion, would qualify you for the position you seek: (Example: apprenticeships, technical skills, foreign languages spoken/written, etc.)

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by any employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes No

CERTIFICATION OF APPLICANT

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. I understand that such investigation may include criminal history records check. I authorize investigation of all statements contained in this application for employment, and I release DeWitt 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 DeWitt County from any and all liability resulting from the release of such information. I also understand that this application is subject to the Texas Public Information Act and may be released as a public document.

I understand that my employment is at the discretion of the Elected Official or Department Head concerned, and that DeWitt 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 before being considered for employment, successful completion of a drug and alcohol screening is required. This test 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 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.**

Printed Name: _____

Signature: _____

Date: _____

REQUEST FOR DOT DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYER

Pursuant to Federal Regulation 49 CFR Part 40.25, please furnish the requested information.

I hereby authorize my previous employer(s) to release the alcohol and controlled substances testing information listed below for the past three years.

Signed: _____ Date: _____
(Signature of employee)

Applicant Name: _____ SSN: _____

PLEASE FAX OR EMAIL COMPLETED TO:

Email	Fax	Telephone
hr@dwcotx.org	361-275-0898	361-275-0894

Previous employer must supply the following information regarding the above named individual during the past **three years** while employed to perform FMCSA covered safety sensitive functions:

- 1. Alcohol test with a result of 0.04 or higher alcohol concentration? Yes No
- 2. Verified positive drug test? Yes No
- 3. Refusal to be tested (including verified adulterated or substituted drug test results)? Yes No
- 4. Other violations of DOT agency drug and alcohol testing regulations? Yes No
- 5. With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of the DOT return-to-duty requirements (including follow-up test).

Printed Name: _____ Title: _____

Signature: _____ Date: _____
(Signature of Individual Supplying information)

Please identify the Substance Abuse Professional you referred the employee to if testing resulted in an alcohol test of 0.04 or higher, a verified positive controlled substance test, or refusal of testing.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

REQUEST FOR DOT DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYER

EFFECTIVE AUGUST 1, 2001, 49 CFR part 40, U.S. Department of Transportation, Procedures for Transportation Workplace Drug and Alcohol Testing Programs requires employers to do a background check of all new employees hired (or current employees transferred) to perform safety sensitive covered functions. Enclosed with this document is a suggested form for requesting that information. The following is the regulation.

The FMCSA has a three-year requirement for obtaining and providing employee drug and alcohol testing information. FMCSA employers check 3 years, not 2 years.

§49 CFR part 40.25 Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties?

(a) Yes, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.

(b) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee's application or transfer:

- (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
- (2) Verified positive drug tests;
- (3) Refusals to be tested (including verified adulterated or substituted drug test results);
- (4) Other violations of DOT agency drug and alcohol testing regulations; and
- (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.

(c) The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under this section or other applicable DOT agency regulations.

(d) If feasible, you must obtain and review this information before the employee first performs safety-sensitive functions. If this is not feasible, you must obtain and review the information as soon as possible. However, you must not permit the employee to perform safety-sensitive functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless you have obtained or made and documented a good faith effort to obtain this information.

(e) If you obtain information that the employee has violated a DOT agency drug and alcohol regulation, you must not use the employee to perform safety-sensitive functions unless you also obtain information that the employee has subsequently complied with the return-to-duty requirements of Subpart O of this part and DOT agency drug and alcohol regulations.

(f) You must provide to each of the employers from whom you request information under paragraph (b) of this section written consent for the release of the information cited in paragraph (a) of this section.

(g) The release of information under this section must be in any written form (e.g., fax, e-mail, letter) that ensures confidentiality. As the previous employer, you must maintain a written record of the information released, including the date, the party to whom it was released, and a summary of the information provided.

(h) If you are an employer from whom information is requested under paragraph (b) of this section, you must, after reviewing the employee's specific, written consent, immediately release the requested information to the employer making the inquiry.

(i) As the employer requesting the information required under this section, you must maintain a written, confidential record of the information you obtain or of the good faith efforts you made to obtain the information. You must retain this information for three years from the date of the employee's first performance of safety-sensitive duties for you.

(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

Please indicate your experience/skills/abilities in the following areas:

Typing Speed:

- Below 40 wpm
- 40-49 wpm
- 50-59 wpm
- 60-69 wpm
- Above 70 wpm

Skills:

- 10-key by touch
- Excel
- Word
- PowerPoint
- Other _____

Clerical Experience:

- Receptionist
- Data Entry
- Bookkeeping
- Filing
- Purchasing
- Secretarial
- Records Management
- Cashier (electronic)
- Other _____

Number of years Exp.

LABOR/MAINTENANCE/SKILLED CRAFT/EQUIPMENT OPERATION

Please indicate your experience/skills/abilities in the following areas:

Skill Areas:

- Concrete finishing
- Welding
- Asphalt work
- Surveying
- Setting grades
- Flagging
- Plumbing
- Painting
- Carpentry
- Electrical
- HVAC
- Auto mechanic
- Heavy equip. mechanic
- Sign Maintenance
- Groundskeeping/landscaping
- Other _____

Number of years Exp.

Equipment Operated:

- Water truck
- Chip Spreader
- Backhoe
- Front End Loader
- Bulldozer
- Trackhoe
- Tractor Trailer
- Tractor with mower
- Hydraulic excavator
- Motor grader
- Dump truck
- Winch truck
- Roller-packer
- Pneumatic roller
- Other _____

Number of years Exp.

What led you to apply with the County:

- Stopped in to check on available jobs
- Referred by a County employee
- Other _____
- Texas Work Force Commission
- Newspaper or magazine advertisement



DeWitt County

Motor Vehicle Record Consent

CONFIDENTIAL

307 N. Gonzales St
Cuero TX 77954

361-275-0894
Fax: 361-275-0898

EQUAL OPPORTUNITY EMPLOYER

I, _____, hereby understand, that in connection with my application for employment with DeWitt County, or upon receiving my permit, I consent to the release of my Motor Vehicle Record (MVR) to DeWitt County. I understand DeWitt County will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review evaluation, and other use of any MVR I may have provided to DeWitt County.

I further authorize DeWitt County to review my Driving Eligibility Status and Commercial Driver's License Category for the Texas Department of Public Safety to ensure that I am eligibility to drive a motor vehicle. If chosen for employment, DeWitt County does not require Commercial Driver's License holders to obtain a Medical Certificate pursuant to regulations authorized by Texas Department of Transportation.

If you currently hold a medical certificate or you are under a category other than, Category 2 Non-Excepted Interstate Commerce, you will need to contact your local driver license office to and complete a Certification of Physical Exemption 49 CFR Part 391/390 (CDL-10 form). They will then determine if any restrictions should be added or removed from your Commercial Driver's License. If this step is not complete it could result in your Commercial Driver's License being downgraded to a Driver's License.

Printed Name

Date of Birth

Driver's License Number

State of License

Signature

Date