



# HARRIS COUNTY, TEXAS AUDITOR'S OFFICE

Press "SAVE AS" on your computer first to save the application and then email the completed form to [hcaoapps@hctx.net](mailto:hcaoapps@hctx.net).

## APPLICATION FOR EMPLOYMENT

*An Equal Opportunity Employer*

**Please read the following before completing application.** Applicants are considered without regard to race, color, religion, sex, national origin, age, or disability. All questions must be answered. You may include your resume; however, resumes will not be accepted as a substitute for applications.

Print Your Full Name						Maiden Name	
First	Middle	Last					
Present Address		Street	City	State	Zip	How Long	
Home Phone							
Previous Address		Street	City	State	Zip	How Long	
Business/Alternate Phone							
Are you between 18-21 yrs. old <input type="checkbox"/>		Social Security Number (Last four digits)		Are you: A citizen or national of the United States <input type="checkbox"/>			
Are you at least 21 yrs. old <input type="checkbox"/>		Or an alien lawfully admitted for permanent residence <input type="checkbox"/>					
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No							

**POSITION DATA** Position No. \_\_\_\_\_ Position Title \_\_\_\_\_ How did you hear about this position? \_\_\_\_\_

Date you can start	Referred by						
EDUCATION							
SCHOOL NAME, CITY, AND STATE	DATES				GRADUATED		TYPE OF DEGREE/DIPLOMA RECEIVED
	FROM		TO				
	Mo.	Yr.	Mo.	Yr.	Mo.	Yr.	
HIGH SCHOOL							
COLLEGE							
COLLEGE							
OTHER							
(Transcripts may be required.)							
MAJOR _____ No. HOURS _____ MINOR _____ No. HOURS _____							
GPA _____ ON A _____ SCALE TOTAL COLLEGE HOURS _____							
LIST SCHOLASTIC HONORS, OFFICES HELD, AND ACTIVITIES IN SCHOOL AND COLLEGE:							

**GENERAL DATA** (Answer Items 1 through 6 by placing an "X" in the proper column. Give details in **No. 10 below**.)

		YES	NO
1.	Are you now working for or have you previously worked for Harris County? If YES, under what name? _____		
2.	a) Do you or does your spouse have any relatives presently working for the <b>Harris County Auditor's Office</b> ? If YES, list the name(s) and relationship in <b>No. 10 below</b> .		
	b) Do you or does your spouse have any relatives presently holding office in any Harris County government department (including Flood Control District and Toll Road Authority)? If YES, list the name(s), relationship, and department in which employed in <b>No. 10 below</b> .		
3.	Are you aware of any reason which would keep you from being bonded? If YES, describe in <b>No. 10 below</b> .		
4.	Are you licensed to operate a motor vehicle? Driver's License # _____ State _____ Class _____ Expiration _____		
5.	Are you willing to work any shifts/hours assigned?		
6.	Have you ever been convicted of a crime? Exclude convictions that have been sealed, expunged, or legally eradicated, as well as misdemeanor convictions for which probation was completed and the case was dismissed. If YES, please use the space in <b>No. 10 below</b> to briefly describe the nature of the crime(s), the date and place of conviction, and the legal disposition of the case. The Harris County Auditor's Office will not deny employment to any applicant solely because the person has been convicted of a crime. The Harris County Auditor's Office, 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.		
7.	Language(s) spoken fluently: _____ Read _____ Write _____		
8.	Machine and equipment skills: Typing _____ WPM PC software applications _____		
9.	Special qualifications and skills. Indicate any additional experience, skills, licenses or certificates, etc., which, in your opinion, would qualify you for the position you seek _____		
10.	SPACE BELOW FOR DETAILED ANSWERS. INDICATE ITEM NUMBER FOR WHICH ANSWERS APPLY.		

LIST #	DETAILS

**EMPLOYMENT HISTORY (If additional space is needed for employment history, utilize the Supplemental Information Sheet posted on the Job Postings page.)**

Name of Last Employer (or Present) Employer		Supervisor's Name and Title		
Address: City/State/Zip (Include Street Number and Name)		Your Title		
From: Month _____ Year _____	To: Month _____ Year _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Present or Final Salary	Number of Persons Supervised
Reason for Leaving			Phone Number	
Describe Your Duties				
Name of Employer		Supervisor's Name and Title		
Address: City/State/Zip (Include Street Number and Name)		Your Title		
From: Month _____ Year _____	To: Month _____ Year _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Final Salary	Number of Persons Supervised
Reason for Leaving			Phone Number	
Describe Your Duties				
Name of Employer		Supervisor's Name and Title		
Address: City/State/Zip (Include Street Number and Name)		Your Title		
From: Month _____ Year _____	To: Month _____ Year _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Final Salary	Number of Persons Supervised
Reason for Leaving			Phone Number	
Describe Your Duties				
Name of Employer		Supervisor's Name and Title		
Address: City/State/Zip (Include Street Number and Name)		Your Title		
From: Month _____ Year _____	To: Month _____ Year _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Final Salary	Number of Persons Supervised
Reason for Leaving			Phone Number	
Describe Your Duties				
Name of Employer		Supervisor's Name and Title		
Address: City/State/Zip (Include Street Number and Name)		Your Title		
From: Month _____ Year _____	To: Month _____ Year _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Final Salary	Number of Persons Supervised
Reason for Leaving			Phone Number	
Describe Your Duties				

**REFERENCES**

LIST THREE PERSONS WHO ARE NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS.			
FULL NAME	HOME OR BUSINESS ADDRESS AND PHONE NUMBER (NUMBER, STREET, CITY, STATE, ZIP)	BUSINESS OR OCCUPATION	YEARS ACQUAINTED

May we contact your current employer, if any?  Yes  No

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentation, omission, or falsification, my application may be rejected, or if already employed, my employment may be terminated. References and previous employer will be contacted to confirm statements unless otherwise indicated. I also understand that if offered employment by Harris County, I may be required to pass a drug and/or alcohol test as a condition of employment.

This information does not constitute an expressed or implied contract or offer of employment. Any provision contained herein may be modified and/or revoked without notice. All employment is at-will, which means that the Harris County Auditor's Office may terminate the employment at any time for any reason and without notice. The Harris County Auditor's Office is an equal opportunity employer.

**YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS SIGNED AND ALL QUESTIONS ANSWERED.**

**DATE** \_\_\_\_\_ **APPLICANT'S SIGNATURE** \_\_\_\_\_