



**HARRIS COUNTY, TEXAS**  
**APPLICATION FOR EMPLOYMENT**  
**Summer Intern**

**Please return application to:**  
 HARRIS COUNTY PRECINCT 4 BIOLOGICAL CONTROL INIATIVE  
 Complete and email to  
[bci@hcp4.net](mailto:bci@hcp4.net)

**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.** Please type or print clearly (black or blue ink).

First Name	Middle Name	Last Name	Other Names
Current Address (Number/Street/City/State/Zip Code)		How Long?	Primary Number ( ) -
Previous Address (Number/Street/City/State/Zip Code)		How Long?	Alternate Number ( ) -
Are you between 18-20 years old? <input type="checkbox"/>	Social Security Number: - -	Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you at least 21 years old? <input type="checkbox"/>			
If you are an alien authorized by the Immigration and Naturalization Service to work in the United States, provide the following: Alien Number: _____ or Admission Number: _____ Expiration of employment authorization, if any: _____			

Please provide your date of birth (required for background check): \_\_\_\_\_

Date you can start: \_\_\_\_\_ ANNOUNCEMENT NUMBER \_\_\_\_\_  
 REFERRED BY: \_\_\_\_\_ AND/OR JOB TITLE \_\_\_\_\_

**EDUCATION**

	SCHOOL NAME	CITY / STATE	DIPLOMA/DEGREE
High School	Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED		
College/ Technical School			
College/ Technical School			
Major: _____ Minor: _____ Graduate Studies: _____ Undergraduate Hours: _____ Graduate Hours: _____ *Transcripts may be required.			

**OFFICE USE ONLY**

**P / DNP Typing 1 2 Date \_\_\_\_\_ WPM \_\_\_\_\_ Acc \_\_\_\_\_**  
**Aptitude A B Date \_\_\_\_\_ Alpha \_\_\_\_\_ Num. \_\_\_\_\_ Spell \_\_\_\_\_ Avg. \_\_\_\_\_**  
**P / DNP Spanish O R W Date \_\_\_\_\_ Reading Comprehension A B Date \_\_\_\_\_**

## GENERAL DATA

Answer items 1 through 6 by placing an "X" in the proper column.

YES    NO

<b>1.</b> Are you now working for or have you previously worked for Harris County? If yes, under what name?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b> Do you or does your spouse have any relatives presently working for or holding office in Harris County Government? If yes, please list the name(s), relationship and the department in which employed.	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b> Are you aware of any reason which would keep you from being bonded? If yes, describe.	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.</b> Are you licensed to operate a motor vehicle? <input type="checkbox"/> <b>Driver's License</b> Number: _____ State: ____ Class: ____ Expiration: _____ <input type="checkbox"/> <b>Identification</b> Endorsements: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.</b> Are you willing to work the hours assigned?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.</b> Have you ever been convicted of an offense? Please include driving while intoxicated or driving under the influence of drugs. (Exclude minor traffic violations.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.</b> Other language(s) fluently Spoken: _____                      Read: _____                      Write: _____		
<b>8.</b> Machine and equipment skills: _____                      Typing-WPM: _____                      PC software applications: _____		
<b>9.</b> Special qualifications and skills: (Use this space to indicate any experience, skills, licenses, or certificates, etc., which in your opinion would qualify you for the position you seek.)          		

## EMPLOYMENT HISTORY

Employer:		Supervisor and Title:			
Address: (Number/Street/City/State/Zip Code)		Job Title:			
From (Month/Year)	To (Month/Year)	Final Salary	No. of Persons Supervised	Full Time	<input type="checkbox"/>
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone Number: (    )    -		Part Time	<input type="checkbox"/>
				Temporary	<input type="checkbox"/>
Duties:          					

Employer:			Supervisor and Title:		
Address: (Number/Street/City/State/Zip Code)			Job Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. of Persons Supervised	Full Time	<input type="checkbox"/>
Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Part Time <input type="checkbox"/>
			Phone Number: (    ) -		Temporary <input type="checkbox"/>
Duties:					

Employer :			Supervisor and Title:		
Address: (Number/Street/City/State/Zip Code)			Job Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. of Persons Supervised:	Full Time	<input type="checkbox"/>
Reason for Leaving:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Part Time <input type="checkbox"/>
			Phone Number: (    ) -		Temporary <input type="checkbox"/>
Duties:					

Employer:			Supervisor and Title:		
Address: (Number/Street/City/State/Zip Code)			Job Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. of Persons Supervised	Full Time	<input type="checkbox"/>
Reason for Leaving:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Part Time <input type="checkbox"/>
			Phone Number: (    ) -		Temporary <input type="checkbox"/>
Duties:					

Employer:		Supervisor and Title:		
Address: (Number/Street/City/State/Zip Code)		Job Title:		
From (Month/Year)	To (Month/Year)	Final Salary	No. of Persons Supervised	Full Time <input type="checkbox"/>
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Part Time <input type="checkbox"/>
		Phone Number: ( ) -		Temporary <input type="checkbox"/>
Duties:				

### REFERENCES

List three persons other than relatives who have definite knowledge of your qualifications.

Full Name	Home or Business Address (Number/Street/City/State/Zip Code)	Phone Number	Business or Occupation	Years Acquainted
		( ) -		
		( ) -		
		( ) -		

By submitting and signing this application, I authorize and request any public or private business or other employee for whom I have worked or been employed, or with whom I have sought employment, to supply Harris County with any and all records pertaining to me that have been kept in the usual course of business, including but not limited to; drug and alcohol test results obtained within six months of the date of request for information by Harris County. The information obtained may be used by Harris County in making decisions with regard to my employment.

**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, will be required to pass a drug test as a condition of employment.

**APPLICATIONS WILL NOT BE CONSIDERED UNLESS SIGNED & DATED; AND ALL QUESTIONS ARE ANSWERED.**

DATE:

APPLICANT'S SIGNATURE: