



INFORMATION and APPLICATION- Page 1-5

The City of China Grove is seeking applicants for Deputy Court Clerk.

Completed applications may be submitted by email to  
[ChinaGrove.city@att.net](mailto:ChinaGrove.city@att.net)

Or China Grove City Hall  
2412 FM 1516 S  
China Grove, Tx 78263

For Additional Information please contact:  
Susan Conaway

210-648-4923  
210-837-3703

# CITY OF CHINA GROVE APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary Phone ( ) \_\_\_\_\_ Email: ( ) \_\_\_\_\_

## EMPLOYMENT

Position/s applying for: \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

What date will you be available for work? \_\_\_\_\_

Have you ever applied or been employed by the City of China Grove before? Yes \_\_\_ No \_\_\_

If yes, when? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## EDUCATION & TRAINING

	Name of Institution	Degree/Hours completed/ Certification	Dates
High School	_____	_____	_____
College/Univ.	_____	_____	_____
Business/Voc.	_____	_____	_____

Please provide any additional information such as special skills, training, management, or qualifications you believe will be helpful to us in considering your application.

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**MILITARY RECORD**

Military Service? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give dates: \_\_\_\_\_

What branch of service? \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

List duties while in service:

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT RECORD**

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

We routinely contact an applicant's current employer for reference checks. Would this pose any difficulty for you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain

List previous employment information, beginning with current or most recent employer:

Name/Address/Phone of Employer	Describe Work You Performed	Dates From/To	Hourly Rate Start Final	Reason for Leaving
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been terminated from employment? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES: (DO NOT INCLUDE NEXT OF KIN OR PREVIOUS EMPLOYERS.)**

NAME	ADDRESS/CONTACT #	OCCUPATION	YEARS KNOWN
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1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**DRIVING INFORMATION:**

**(You may be asked to provide a copy of your driving record)**

If YES, give Type \_\_\_\_\_ License No \_\_\_\_\_

Has your driver's license ever been suspended or revoked: Yes \_\_\_ No \_\_\_

If YES, give the date, location and reason for suspension or revocation.

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_



**AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize the \_\_\_\_\_ and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties during the fulfilling of its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Applicant's Notarized Signature: \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
in and for \_\_\_\_\_ county, in the state of \_\_\_\_\_.

NOTARY SEAL

Signature of Notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_