APPLICATION City of Childress

FOR EMPLOYMENT 315 Commerce St.

 P.O. Box 1087

 Childress, TX 79201

 940-937-3684

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please Print)

Position Applied For Date of Application

Last Name First Name Middle Name

Address City State Zip Code

Telephone Number(s) Social Security Number

HAVE YOU EVER BEEN CONVICTED OF VIOLATION ANY LAW? (Except traffic violations)

\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_NO If yes, attach summary of details. Disclosure of a criminal record does not automatically disqualify you from employment consideration. Your case will be judged on its own merits.

Do you have a driver’s license?\_\_\_\_\_\_Yes \_\_\_\_\_\_No DL#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? \_\_\_\_\_\_Yes \_\_\_\_\_\_ No

 If Yes, give date\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

 If Yes, give date\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_\_YES \_\_\_\_\_\_NO

MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_\_YES\_\_\_\_\_\_NO

WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU AVAILABLE TO WORK:\_\_\_\_\_Full Time\_\_\_\_\_Part Time\_\_\_\_\_Shift Work \_\_\_\_\_Temporary

ARE YOU CURRENTLY ON “LAY-OFF” STATUS AND SUBJECT TO RECALL?\_\_\_\_YES\_\_\_\_NO

CAN YOU TRAVEL IF A JOB REQUIRES IT? \_\_\_\_\_YES\_\_\_\_\_NO

EDUCATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| List all Schools | Name/Address of School | Graduated Yes or No | Degree/Type of Diploma | Major Courses |
| High School |  |  |  |  |
| G.E.D. |  |  |  |  |
| College/University |  |  |  |  |
| Graduate School |  |  |  |  |
| Business School |  |  |  |  |

IF YOU ATTENDED COLLEGE, BUT DID NOT GRADUATE, HOW MANY CREDIT HOURS NEEDED FOR DEGREE? Associate\_\_\_\_\_\_ Bachelor\_\_\_\_\_\_

SPECIAL SKILLS

\_\_\_\_\_CRT \_\_\_\_\_FAX Production/Mobile

 Machinery (list): Other(list):

\_\_\_\_\_PC \_\_\_\_\_Lotus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Calculator \_\_\_\_\_PBX System \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Typewriter \_\_\_\_\_WordPerfect \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

MILITARY SERVICE

Branch Grade or Rank Nature of duty/training Induction Date Separation Date

EMPLOYMENT HISTORY

List all previous work experience including military service record and period of unemployment. Begin with present position and work back to first position. Attach resume, if necessary. If there were periods of more than one month where you were self-employed or unemployed, list name and address of person (s) who can verify your activities during this period (s).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From Mo/Yr | To Mo/Yr | Employer-Address & Telephone No. | Salary | Job Title | Reason for leaving |
|  |  |  |  |  |  |
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APPLICANT’S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at a employment decision.

I will submit to medical examination(s) as may be requested and will submit to such examination before making any claim against the company for injuries suffered in connection with my employment.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant Date