Application for Employment

We consider applicants for all positions without regard to race, color religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(Please Print)

Position(s) Applied For	Date of Application
How Did You Learn About Us? __ Advertisement __ Friend __ Walk-in __ Employment Agency __ Relative __ Other _____	
Last Name First Name Middle Name	
Address Number Street City State Zip Code	
Telephone Number(s)	Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? __ Yes __ No

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 _____

To the best of your knowledge, are any of your relatives (by blood or marriage) presently employed by the City of Tulia? __ Yes __ No

Are you currently employed? __ Yes __ No

May we contact your present employer? __ Yes __ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? __ Yes __ No
Proof of citizenship or immigration status will be required upon employment.

On 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? Can you travel if a job requires it?

Driver's License Number:_____

Driver's License Class:____ State:____ Expiration:_____

Have you been convicted of a felony within the last 7 years? __ Yes __ No

Have you been convicted of a misdemeanor offense within the last 10 years? __ Yes __ No

Conviction will not necessarily disqualify an applicant from employment

Do you have charges pending for any offense? __ Yes __ No

If you answered yes to any of the questions above, provide details including the date, charge and location of the court conviction for all offenses: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary School					High School				Undergraduate College/University				Graduate/ Professional			
School Name and Location																	
Years Completed	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	**GOOD**	**FAIR**
SPEAK			
READ			
WRITE			

List Professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

_____

_____

_____

_____

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1._____

2._____

3._____

Have you ever had any job-related training in the United States military __ Yes __ No

If Yes, please describe _____

_____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? __ Yes __ No

Employment Experience

Start with your present or last job, Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. **Employer** | **Dates Employed** From / To | **Worked Performed**

Address

Telephone Number(s) | **Hourly Rate/Salary** Starting / Final

Job Title | **Supervisor**

Reason for Leaving

2. **Employer** | **Dates Employed** From / To | **Work Performed**

Address

Telephone Number(s) | **Hourly Rate/Salary** Starting / Final

Job Title | **Supervisor**

Reason for Leaving

3. **Employer** | **Dates Employed** From / To | **Work Performed**

Address

Telephone Number(s) | **Hourly Rate/Salary** Starting / Final

Job Title | **Supervisor**

Reason for Leaving

4. **Employer** | **Date Employed** From / To | **Work Performed**

Address

Telephone Number(s) | **Hourly Rate/Salary** Starting / Final

Job Title | **Supervisor**

Reason for Leaving

If you need additional space, please continue on a separate sheet of paper.

Have you ever been discharged or forced to resign from any position on the basis of unsatisfactory performance? **____Yes ___No**

If Yes, give details on space provided or on a separate sheet, including name and address of employer, approximate date, and reasons in each case. _____

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicants 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 an employment decision.

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 acknowledge that any employment relationship with this Company 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 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 the Company.

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.

_____ _____

Signature of Applicant **Date**

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview __ Yes __ No

Remarks _____

_____

Employed __ Yes No **Date of Employment** _____

Job Title _____ **Hourly Rate/** _____ **Department** _____

By _____ _____

Name and Title **Date**

NOTES _____

_____

_____