

CITY OF FARMERSVILLE EMPLOYMENT APPLICATION



City of Farmersville, 205 S. Main Street, Farmersville, Texas 75442
 PHONE: (972) 782 -6151 FAX: (972) 782 - 6604

The City of Farmersville is an Equal Opportunity Employer and encourages applications from eligible and qualified persons regardless of race, color, religion, sex, age, national origin or physical disability.

Your interest in employment with the City of Farmersville is appreciated. In order to gain a better understanding of your background and work history, we ask that you answer all questions completely and to the best of your knowledge. Information provided is subject to verification. ***Incomplete applications will not be considered.***

POSITION APPLYING FOR: _____	DATE: _____
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PERSONAL INFORMATION		
Last Name	First	Middle
Street Address		Social Security #
City	State	ZIP
Phone	Alternate Phone:	Email:
Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you currently employed elsewhere? YES <input type="checkbox"/> NO <input type="checkbox"/> Are you on layoff status and subject to recall? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you legally eligible for employment in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you work for or have you ever worked for the City of Farmersville before? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please give dates and positions held:		
Have you filed an application with the City of Farmersville before? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when?		
Are you related by blood or marriage to any City Council member or employee of the City of Farmersville? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, whom?		
Name _____	Relationship _____	Department _____
Name _____	Relationship _____	Department _____
Have you ever been convicted of, plead guilty to, received deferred adjudication, or any form of court supervision for any criminal offense (misdemeanors and felonies) other than minor traffic violations within the last ten (10) years? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain:		
<i>NOTE: Prior to employment, applicant will be investigated for prior convictions of criminal offenses. A prior conviction will not automatically disqualify an applicant for employment but will be considered only as it relates to the job under consideration.</i>		

Check all types of work that you will accept:	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>
	DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/> SHIFTS <input type="checkbox"/>
When are you available to begin work? _____	
Have you read and do you understand the requirements of the job for which you have applied? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Can you perform the essential functions of this job with or without a reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EDUCATION, TRAINING, AND SKILLS

Do you have a high school diploma? YES NO Do you have a GED? YES NO

Diploma or GED certificate received from _____ City and State _____

College, Post Graduate, Technical, or Vocational School:

Name	Location	Course of Study	Years Completed	Degree Received

Describe any other specialized training, apprenticeships, professional licenses:

List any other skills related to the job for which you are applying:

Do you have a valid Texas driver's license? YES NO License # _____

Type of License: Operators Class A CDL Class B CDL Class C CDL

Has your driver's license ever been suspended or revoked? YES NO If yes, please explain:

EMPLOYMENT HISTORY

Beginning with the most recent, list all employment for the past ten (10) years. ALL APPLICABLE BLANKS MUST BE COMPLETED. Resumes may not be submitted in place of employment history, but may be attached as a supplement to your application.

If any employment was under a different name, indicate name: _____

Employer	Phone ()
Position Held	Employment Dates
Address	Salary \$
Type of Business	Supervisor
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Brief descriptions of duties:	
Reason for leaving:	

Employer	Phone ()
Position Held	Employment Dates
Address	Salary \$
Type of Business	Supervisor
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Brief descriptions of duties:	
Reason for leaving:	

Employer			Phone ()		
Position Held			Employment Dates		
Address				Salary \$	
Type of Business			Supervisor		
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Brief descriptions of duties:					
Reason for leaving:					

Employer			Phone ()		
Position Held			Employment Dates		
Address				Salary \$	
Type of Business			Supervisor		
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Brief descriptions of duties:					
Reason for leaving:					

Please explain any periods of unemployment:

Have you been discharged or asked to resign from a job within the last ten (10) years? YES NO If yes, please explain:

PERSONAL REFERENCES

List three people whom you have known for at least three years – do not include relatives or former employers.

Full Name	Relationship
Address	Phone ()
How long have you known this person?	Alt. Phone ()

Full Name	Relationship
Address	Phone ()
How long have you known this person?	Alt. Phone ()

Full Name	Relationship
Address	Phone ()
How long have you known this person?	Alt. Phone ()

OTHER

How did you learn of this job opening? (Check one)

Newspaper Ad Which Newspaper? _____

Workforce Commission City of Farmersville Website City Employee Walk In Other _____

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all information given on this application is true, correct, and complete to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment and is cause for immediate dismissal.

I hereby authorize any corporation, former employer, educational institutions, law enforcement agencies, city, county, state, and federal courts and military services to release information about my background including, but not limited to, information about employment, education, criminal record, driving record and general reputation. I agree to furnish any additional information required to complete the background check. I release all relevant parties from all liability resulting from furnishing such information. I indemnify the City of Farmersville against any liability which may result from making such inquiries.

I also understand that employment with the City of Farmersville is contingent upon the results of an employment physical and drug alcohol screen.

I further understand that this is an application for employment and that no employment contract, whether express or implied, is being offered. I also understand that, if employed, such employment is for no fixed or definite period and is subject to change in wages, conditions, benefits and operating policies. Any employment is "at will" and may be terminated at any time, with or without notice.

Signature of Applicant

Date