



An Equal Opportunity Employer
Application for Employment
City of Springtown, Texas

P.O. Box 444
 Springtown, TX 76082
 817-220-4834

STATEMENT	<p>Please write legibly, or type, and use black ink. Answer all questions completely. If an item does not apply, write "N/A" for "Not Applicable". Make sure all information is accurate. Information given may be checked and any misstatement or omission is grounds for rejection (or dismissal if already employed). Any applicant requiring an accommodation during any phase of testing for the position sought must notify Personnel at the time the application is submitted. The information on this application and all attached items are the property of the City of Springtown and for its use only. Applications must be submitted by 4:30 p.m. on the stated closing date, if applicable, or will not be considered. If interested in more than one vacancy, a separate application must be completed for each position.</p>
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GENERAL	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Position Applied For</td> <td style="width: 15%;">Date</td> <td style="width: 20%;">Home Phone</td> <td style="width: 35%;">Alternate Phone</td> </tr> <tr> <td>Name(First)</td> <td>(Middle)</td> <td>(Last)</td> <td>Social Security #</td> </tr> </table>	Position Applied For	Date	Home Phone	Alternate Phone	Name(First)	(Middle)	(Last)	Social Security #
	Position Applied For	Date	Home Phone	Alternate Phone					
	Name(First)	(Middle)	(Last)	Social Security #					
	Mailing Address (Street, City, State, Zip Code)								
	Have you ever used another name? Yes No Name(s) _____								
	Previously employed by the City of Springtown? Yes No When? _____ Under what name? _____ In what department? _____								
	Do you have legal right to reside and work in the United States of America? Yes No Proof of citizenship or work authorization will be required for employment								
	Do you have relatives employed by the City of Springtown? Yes No What department? _____ Their name? _____ Relationship? _____								
	Circle all types of work you will accept: Full-Time Part-Time Weekends Holidays Overtime Mornings Evenings Nights								
	Date available to work _____ Desired Salary Range _____								
	Do you have a valid Texas Driver's License? Yes No License # _____ Type _____								
	Have you ever been convicted or pleaded no contest for any offense other than parking violation? Yes No Details (such as charges, penalties, where, when, currently on parole, probated sentence, etc.) _____ _____								
	Have you ever been dismissed and/or allowed to resign in lieu of discharge? Yes No If yes, specify the employer(s) and circumstances _____ _____								

City of Springtown, Texas

EMPLOYMENT APPLICATION, continued

EDUCATION	Circle highest grade completed: 6 7 8 9 10 11 12 13 14 15 16 17 18							
	Name and Location of High School _____							
	Did you graduate? Yes No				GED Certificate? Yes No			
	College Attended	Location	Date From/To	Semester Hours	Major	Minor	Type Degree	Date

SKILLS	Please list any other training, education, or certifications that would further qualify you for the position _____
	Please list your machine/equipment skills that would further qualify you for the position _____
	Please list your PC software skills that would further qualify you for the position _____

REFERENCES	List names, addresses, and phones numbers of three persons, other than relatives, who have worked with you and who have knowledge of your character, experience, and abilities:		
	Name	Address	Telephone #

City of Springtown, Texas

EMPLOYMENT APPLICATION, continued

EMPLOYMENT HISTORY	Beginning with the most recent, list below jobs held (for the past 10 years) and any other experience related to the position for which you are applying. Include military and volunteer experience. Specifically describe duties performed. You may attach resume, BUT simply stating "See Resume" on the application is not acceptable. All information must be completed. If you need additional space, you may attach a separate sheet, but it must contain informational categories as indicated on the application.				
	Last or Current Employer		Starting Date	Ending Date	Total Months Employed
	Address		City/State		Phone
	Your position			Starting Salary	Ending Salary
	Your Job Duties				
	Reason for Leaving				
	Previous Employer		Starting Date	Ending Date	Total Months Employed
	Address		City/State		Phone
	Your Position			Starting Salary	Ending Salary
	Your Job Duties				
	Reason for Leaving				
	Previous Employer		Starting Date	Ending Date	Total Months Employed
	Address		City/State		Phone
	Your Position			Starting Salary	Ending Salary
	Your Job Duties				
Reason For Leaving					

City of Springtown, Texas

EMPLOYMENT APPLICATION, continued

FAILURE TO COMPLETE THIS APPLICATION FOR EMPLOYMENT IN ITS ENTIRETY OR TO ATTACH APPLICABLE INFORMATION WILL ELIMINATE YOUR APPLICATION FROM FURTHER CONSIDERATION.

PLEASE READ CAREFULLY AND SIGN BELOW

I understand that if I am hired, it will be at the discretion of the City of Springtown. I understand that City employment is “At Will”, which means that the City has no obligation to continue to employ me in the future, if I am hired.

I certify that the information given by me in this application and any attached information is true and complete. I understand and agree that any false information, misrepresentation, or concealment of facts is sufficient ground for either my immediate discharge without recourse or refusal of employment by the City of Springtown.

I authorize any of the persons, organizations, and educational institutes referenced in this application or attached information to give hiring officials of the City of Springtown any and all information concerning my previous employment, volunteer experience, education, motor vehicle record, criminal record, or any other information they might have, personal or otherwise, with regard to any of the subjects referenced by this application and I unconditionally and irrevocably release all such parties from all liability from any damages which may result from furnishing such information to the City of Springtown.

I hereby authorize the City of Springtown to investigate and verify any representations made by me, either orally or in writing. I hereby release the City and any individual who provides or obtains information pursuant to this authorization, from any and all liability for damages of any kind which may result to me on account of compliance, or attempts to comply, with this authorization. I am also aware that my application is subject to the Texas open records law and may be released as a public document. I also understand that this application is the property of the City of Springtown and will become part of my personnel file if I am hired.

I also understand that if I receive an offer of employment, such offer is conditional based on the successful passing of any applicable job-related testing or screening that is required as a condition of employment, including substance abuse screening and physical examination.

Signature of Applicant: _____

Date: _____

City of Springtown, Texas

Personnel Department

Voluntary Applicant Information Form

TO BE COMPLETED BY APPLICANT:

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, veteran status, and type of position to which an individual applies. The information requested on this form is for compliance with certain record keeping requirements. The City of Springtown believes all persons are entitled to equal employment opportunities and does not discriminate against employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status, or any other protected group status. The information collected on this form will not be used for hiring, placement, or any other decision relating to terms and conditions of employment. Completion of this form is voluntary. Failure to complete this form will not affect your application status.

Please ask for assistance if you have difficulty completing this form. The City of Springtown thanks you for your assistance and cooperation.

Date of Birth: _____

Position Applied for: _____

Please check the block for the racial or ethnic group which you identify:

- Caucasian (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbean of African descent)
- Hispanic (includes Mexican, Puerto Rican, Central or South American or Spanish Origin)
- Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)
- American Indians (include Alaskans)

Please check the block for the highest level of education:

- | | |
|---|--|
| <input type="checkbox"/> High School graduate or equivalent | <input type="checkbox"/> Attended or College/Associates degree |
| <input type="checkbox"/> College Graduate | <input type="checkbox"/> Attended Graduate School |
| <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Ph.D. or Professional Degree |

Please check the appropriate block:

- | | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

How did you find out about this employment opportunity? Please specify one referral only, and be specific as possible.

- City of Springtown Employee
- Employment Agency or TWC
- Newspaper Advertisement Name of Newspaper: _____
- Internet
- Professional Publication
- Other _____