

# City of Eden

120 Paint Rock Road PO Box 915 Eden, Texas 76837 (325) 869-2211

## **Employment Application**

Applicant Information								
Full Name:	Date:							
	Last First M.I.							
Address:								
	Street Address A	partment/Un	it #					
	City State Z	IP Code						
Phone:	Email							
Thomas								
Date Availat	ble: Social Security No.: Desired Salary: <u>\$</u>							
Position App	lied for:							
	, best time to call?		_AM / PM					
		YES	S NO					
Are you lega	ally eligible for employment in this country?		_					
Aro you 18 c	or older?	YES	_					
Ale you to t		[]						
Have you ev	YES NO ver worked for this company?							
	Full-Time Par	rt -Time T	emporary					
Type of emp	loyment desired?							
Will you relo	cate if the job requires it?	YES	NO					
Will you trav	el if the job requires it?	YES						
		YES	NO					
Are you able	e to meet the attendance requirements of the position?	🗆						
Will you wor	k overtime if required?	YES	NO					
If no, explair								
		YES	NO					
Have you ev	ver been bonded?							
		YES	NO					
Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?								
Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the								
offense, seri	offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.							
Driver's licer	nse number if driving is an essential job function:	State:						

### **Previous Employment**

Company: _ Address: _				Phone: Supervisor:		
Job Title:	Starting S	Ending Salary: <u>\$</u>				
Responsibiliti	es:					
From:	То:	Reason f	or Leaving:			
May we conta	act your previous supervisor for a reference?	YES	NO			
				Phone:		
Address: _						
Job Title:	Starting Salary: <u>\$</u> Ending Salary:					
Responsibiliti	es:					
From:	То:	Reason f	or Leaving:			
May we conta	act your previous supervisor for a reference?	YES				
Company:				Phone:		
Address:				Supervisor:		
Job Title:	Starting Salary:			Ending Salary: <u>\$</u>		
Responsibiliti	es:					
From:	То:	Reason for Leaving:				
May we conta	act your previous supervisor for a reference?	YES				
Company:				Phone:		
Address:				Supervisor:		
Job Title:	Starting S	Starting Salary: <u>\$</u>		Ending Salary: <u>\$</u>		
Responsibiliti	es:					
From:	То:	Reason for Leaving:				
May we conta	act your previous supervisor for a reference?	YES				

Education									
High School:		Address:							
From:			YES	NO □	Diploma:				
College:		Address:							
From:	То:	_ Did you graduate?	YES	NO □	Degree:				
Other:		Address:							
From:			YES	NO □	Degree:				
References									
Please list thre	e professional refere	nces.							
Full Name:					Relationship:				
Address:					Dhana:				
Full Name:					Relationship:				
Address:					Phone:				
Full Name:					Relationship:				
Address:					Phone:				
		Skills and Qu	ualif <u>ic</u>	ations					
Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job- related functions in the position for which you are applying.									

#### **Additional Information**

List professional, trade, business or civic associations and any offices held. (Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, metal or physical disabilities, Veteran/Reserve National Guard or any other similarly protected status.

Organization

Offices Held

List special accomplishments, publications, awards, etc. (Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, metal or physical disabilities, Veteran/Reserve National Guard or any other similarly protected status.

\_\_\_\_\_

#### **Disclaimer and Signature**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an 1-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature: