

CITY OF FORT STOCKTON



APPLICATION FOR EMPLOYMENT

In compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or non-job related disability.

ANSWER ALL QUESTIONS – PLEASE PRINT

DATE OF APPLICATION: ____/____/____ POSITION APPLIED FOR: _____

NAME: _____
LAST FIRST MIDDLE SUFFIX

SOCIAL SECURITY #: _____ PHONE#: (____) _____

DRIVERS LICENSE#: _____ STATE: _____ CLASS: ____ EMAIL: _____

PRESENT ADDRESS: _____
STREET CITY STATE ZIP CODE

WHO REFERRED YOU? _____ RATE OF PAY EXPECTED? \$ _____

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES: YES _____ NO _____

ARE YOU NOW EMPLOYED? YES ___ NO ___ IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES ___ NO ___

IF YOUR APPLICATION IS CONSIDERED, WHAT DATE WILL YOU BE AVAILABLE FOR WORK? ____/____/____

LIST EXPERIENCE, SKILLS OR QUALIFICATIONS THAT MAY BE OF SPECIAL BENEFIT TO THE JOB FOR WHICH YOU ARE APPLYING:

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 9 10 11 12 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____
NAME CITY/STATE

PERSONAL REFERENCES (Other than Relatives or Former Employers)

NAME & OCCUPATION	EMAIL ADDRESS	PHONE NUMBER

EMPLOYMENT HISTORY
(List Employers Starting with the Most Recent)

EMPLOYER			FROM (MM/YY):	TO (MM/YY):
NAME:				
ADDRESS:			POSITION HELD:	
CITY:	STATE:	ZIP:	SALARY/YR	OR WAGE/HR
			\$	\$
SUPERVISOR:		PHONE#:	REASON FOR LEAVING	
DESCRIBETHE WORK YOU DID:				

EMPLOYER			FROM (MM/YY):	TO (MM/YY):
NAME:				
ADDRESS:			POSITION HELD:	
CITY:	STATE:	ZIP:	SALARY/YR	OR WAGE/HR
			\$	\$
SUPERVISOR:		PHONE#:	REASON FOR LEAVING	
DESCRIBETHE WORK YOU DID:				

EMPLOYER			FROM (MM/YY):	TO (MM/YY):
NAME:				
ADDRESS:			POSITION HELD:	
CITY:	STATE:	ZIP:	SALARY/YR	OR WAGE/HR
			\$	\$
SUPERVISOR:		PHONE#:	REASON FOR LEAVING	
DESCRIBETHE WORK YOU DID:				

1. HOW MANY VEHICLE ACCIDENTS HAVE YOU HAD IN THE LAST 5 YEARS? _____
2. HAS YOUR LICENSE EVER BEEN REVOKED, CANCELLED OR SUSPENDED? _____
3. HAVE YOU EVER BEEN ARRESTED, CHARGED, HAVE A PENDING CONVICTION, BEEN CONVICTED OR DEFERRED ADJUDICATION PRE-TRIAL DIVERSION IN REGARDS TO A FELONY CHARGE? _____
4. HAVE YOU SERVED IN THE ARMED FORCES? YES ___ NO ___ TYPE OF DISCHARGE? _____

TO BE READ AND BE SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize the City of Fort Stockton to make such investigations and inquiries of my personal history, employment, financial and other related matters as may be necessary to arrive at an employment decision. Such decision will be final only and upon satisfactory completion of an employment physical and drug test. I hereby release employers, schools and other persons from liability in responding to inquiries and releasing information in connection with my application. If hired, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that I am required to abide by all policies of the City of Fort Stockton.

APPLICANT SIGNATURE	DATE
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NOTICE TO JOB APPLICANTS

The City of Fort Stockton is required to verify certain information contained in your application or provided by you during the interview process, prior your employment or conditional job offer. The information required below is necessary to complete this task. This information is NOT part of your application for employment and will be used for the sole purpose of verification of information, and/or statements made by you. Please complete ALL information requested.

APPLICANT'S LEGAL NAME:

Last Name

First Name

M.I.

CURRENT HOME ADDRESS:

Street

City/State

Zip Code

DATE OF BIRTH

SOCIAL SECURITY #:

Month/Day/Year

DRIVER'S LICENSE #:

STATE

APPLICANT'S CONSENT: I understand and agree that the City of Fort Stockton will verify all or part of the information I have given my prospective employer. I understand that this verification may include an inquiry into my credit history, motor vehicle driving record, criminal or civil records, prior employment (including contacting prior employers), educational institutions (degree, GPA and attendance), as well as other public record information. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability and individual or entity requesting or supplying information with respect to my application for employment.

SIGNATURE OF APPLICANT

DATE

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	