

SEAGRAVES TEXAS APPLICATION FOR EMPLOYMENT

For A	gency Use Only
Date received	

Time received

Received by

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. The City of Seagraves Texas is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but each copy must be signed. Resumes will not be accepted in lieu of applications, unless specifically stated in the job vacancy notice. This application becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about information that the City of Seagraves Texas collects about you. You are

entitled to receive and review the information upon request. You also have the right to ask the City Secretary to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023 and 559.004.)

NAME					()	
_	(Last)	(First)	(Middle)				(Daytime Phone)
MAILING	ADDRESS				()	
	(Street)	(City)	(State) (Zip)	(Country)			(Work Phone, Optional)

E-MAIL ADDRESS

List any other names used if different from name on this application.

List exact title of position or type of work and locati apply:	on for which you wish to	Job Posting Number	Closing Date					
List the City Department with which you	Do you have any relatives w	orking for this city? If so,	list names and					
wish to apply:	relationships:							
	rolationipol							
Full-Time 🗌 Part-Time 🗌 Summer 🗌 Temp/Project 🗌	Date available for work?	Are you at least 1	7 years of age? Yes 🛛 No 🗌					
, _								
Are you willing to work hours other than 8-5? Yes I No What days are you unable to work?								
Are you willing to travel? Yes 🔲 No 🗌	If yes, what percent of time?							
, ₅ • 1 • 1								
Current Driver's License # (if required for position)		Commerc	ial Driver's License Yes 🗌 No 🗌					

Current Driver's License # (if required for position)

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes No 🗌 If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some Departments may require additional information related to convictions of misdemeanors

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

(Number)

High School Graduate or GED? Yes I No I If yes, name and location of high school or GED institute:

(State)

Type of	Name and Location	Dates Attended From To				Date Graduated	Expected Graduation	Sem/Clock Hours	Type of Diploma	Major/Minor Fields
School	of School	Mo.	Yr.	Mo.	Yr.		Date	Completed	or Degree	of Study
Undergraduate										
Colleges or Universities										
Graduate										
Schools										
Technical or										
Vocational Schools										

AN EQUAL OPPORTUNITY EMPLOYER

If a license, certificate, or other aut	horization is	required or	related to the position for which you are applying, complete th	e following:					
LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.					
	Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)								
Approximately how many words pe	er minute do	you type?							
Sign Language (If required for this	position) Yes	s 🗌 No 🗌	Are you a certified	l interpreter? Yes 🗌 No 🗌					
Do you speak a language other that If yes, what language(s) do you sp		•		r 🗌 Good 🗌 Excellent 🗌					
Do you write in a language other the lf yes, which language(s)	an English?								
Have you ever been employed by	•	•		agraves? Yes 🗌 No 🗌					
If you have been previously employ	/ed by the C	ity of Seagra	aves, list the Department:						
FORMER FOSTER YOUTH (Verifi	cation may b	be required.)							
Were you a foster youth unden If yes, are you currently 25 y			of Family and Protective Services on the day before your 18th Yes \square No \square	birthday? Yes 🔲 No 🗌					
MILITARY SERVICE (A copy of a	report of sep	aration from	the Armed Services may be required.)						
Are you a veteran? Yes 🗌 N	lo □ If ye	es, list type o	of discharge						
Dates of Service (From/To):									
Are you a surviving spouse	of a veteran	who has not	t remarried? Yes 🗌 No 📄 🔹 Are you a surviving orphan o	of a veteran? Yes 🗌 No 🗌					
If yes, complete dates of ser	vice for vete	ran							
_			VING STATEMENTS CAREFULLY AND INDICATE YO CCEPTANCE BY SIGNING IN THE SPACE PROVIDE						
			onnection with my application, whether on this document of falsification, or omission of information may be grounds for						
3. I understand that the City of	Seagraves	requires all	ill be required to provide legal proof of authorization to wor males who are 18 through 25 and required to register with emption from registration upon hire.						
4. I understand that some dep	artments wi	ll check with	n the Texas Department of Public Safety, the Federal Burea rdance with applicable statutes.	au of Investigation or					
5. I authorize any of the person previous employment, educ	ns or organi ation, or any	zations refe / other infor	erenced in this application to give you any and all information mation they might have, personal or otherwise, with regard parties from all liability from any damages which may result	to any of the subjects					
THIS APPLICATION MUST BI	E SIGNED	SIGN H							
			Signature – Applicant	Date					

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

- 1. <u>Include ALL employment. Begin with your current or last position and work back to your first.</u> Employment history should include **each position** held, even those with the same employer.
- 2. EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.
- 3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you have held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Name

		Last				First	P P	Middle		
Summary of e	ess: IP: eleph te Yr. exper	Lea Mo. ience ind	ving Dat Day cluding	te Yr.	Current/ Final Salary \$	First Technical Non-Managerial Supervisory/Managerial /qualifications you have		Middle Immediate Supervisor Name: Title: Supervisor's Telephone No.: () If supervisory, number of employees you supervised: the performance of this job:	Summer	
Specific reas	son f	or leavii	ng:							
Position Title: Employer: Mailing Addre City & State/Z Employer's T Starting Da	ess: ZIP eleph		: () ving Dat		Current/	Technical		Immediate Supervisor Name: Title: Supervisor's Telephone No.: ()	Full-Time Part-Time Summer Temp/Project Give average # of hours worked per	
Mo. Day	Yr	Mo.	Day	Yr.	Final Salary	Non-managerial		If supervisory, number of employees you	week if part-time:	
Summary of	expe	rience in	Icluding	specia	\$ al training/skill:	Supervisory/Managerial s/qualifications you have	e used i	supervised: n the performance of this job:		
Specific rea	son f	ior leavi	ng:							

Specific reason for leaving: Immediate Position Title: Immediate Employer: Mailing Address: City & State/ZIP: Immediate Employer: Supervision Mailing Address: Current/ Title: Supervision City & State/ZIP: Supervision Supervision Technical Mo. Day Yr.	supervisory, number of employees you upervised:	Full-Time Part-Time Summer Temp/Project Give average #	
Summary of experience including special training/skills/qualifications you have used in the perfor Specific reason for leaving: Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: () Starting Date Leaving Date Version Title: Supervision/Yr. Mo. Day Yr. Mo. Day Yr. Mo. Day Yr. Starting Date Supervision/Managerial		of hours worked per week if part-time:	
Position Title: Immedia Employer: Mailing Address: City & State/ZIP: Title: Employer's Telephone No.: () Supervision Starting Date Leaving Date Current/ Mo. Day Yr. Mo. Day Yr. Supervision \$		·	
Mailing Address: Title: City & State/ZIP: Supervision Employer's Telephone No.:) Starting Date Leaving Date Current/ Mo. Day Yr. Mo. Day Yr. Supervisory/Managerial Supervisory/Managerial	nmediate Supervisor Name:	Full-Time	
Starting Date Leaving Date Current/ Technical () Mo. Day Yr. Mo. Day Yr. Final Salary Non-managerial If supervisions/managerial Supervisory/Managerial \$ Supervisory/Managerial If supervisions/managerial If supervisions/managerial		Part-Time Summer Temp/Project	
Mo. Day Yr. Final Salary Non-managerial If supervision Image: Supervision of the s	upervisor's Telephone No.:)	Give average # of hours worked per	
Summary of experience including special training/skills/qualifications you have used in the perfor	supervisory, number of employees you upervised:	week if part-time:	
Specific reason for leaving:			

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APPLICANT EEO DATA FORM

Applicant Number:

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and <u>will not be considered</u> as part of the application for employment. It will be separated from the application.

1. Job Posting Nu	umber	2. Last Name (Type or Print)		First	Middle			
3. Address		City	State	ZIP Code	4. Daytime F	Phone	5. Work Phone ()	
6. Sex ☐ M-Male ☐ F- Female	7. Birth Date	8. Ethnic Origin	ck 🗌 H -H		sian/Pac. Islander 🗌	Am. Ind/ I-Alaskar	_	
9. Veteran Yes No		10. Surviving Spouse of \ who has not remarried ☐ Yes ☐ No	/eteran	11. Orphan o □ Yes □ No	f Veteran	25 yrs c	mer Texas Foster Youth of age or younger Yes No	
13. How did you f	first find out ab	out this job?						
1 Other State Employee 06 – Newspaper 11 - WorkInTexas.com 2 - Job Fair 12 - Other (specify): 3 - Professional Publication 8 - Human Resource/Personnel Office 4 - Recruitment Poster 9 - Radio 10 - Agency Web Site - Internet 10 - Agency Web Site - Internet								
Signature – Applicant Date								
White (Not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.								
Black (Not of His	spanic origin)	 All persons having origins 	s in any of t	he Black racia	I groups of Afr	rica.		
Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.								
Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.								
American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.								
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