City of De Leon "Busiest Town-Friendliest People" P. O. Box 318 125 South Texas St. De Leon, Texas 76444

## **APPLICATION FOR EMPLOYMENT**

POSITION APPLIED FOR:	APPLICATI	ION DATE:	
NAME:			
(Last)	(First)	(Middle)	
ADDRESS:			
TELEPHONE NUMBER: ( )	SOCIAL SE	ECURITY:	
DRIVER'S LICENSE:			
If you are under 18 years of age, can	you provide required proof (	of eligibility to work?	
		yes	no
Have you ever filed an application wi	th us before? If YES, give date:_	yes	_no
Have you ever been employed with us	s before? If YES, give date:_	yes	no
Are you currently employed?		yes	no
May we contact your present employ	er?	yes	no
Are you prevented from lawfully bec	oming employed in this coun	try because of Visa	
or Immigrations Status?		yes	no
Are you currently on "lay-off" status and subject to recall?		yes	no
Can you speak, read and/or write any foreign languages? If YES, what languages?		yes	no
Have you ever been convicted of a fel (Conviction will not necessarily disqua If YES, please explain:-		yment)yes	no

## **EDUCATION**

IIGH SCHOOL ATTENDED:
Graduated?yesno
GED Certificate?yesno
COLLEGES ATTENDED:
Graduated?yesno
Course of Study:
THER
RAINING:
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## **EMPLOYMENT EXPERIENCE**

(Start with your present or last job. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.)

1.	From	To	
	Employer:		Job Title:
	Supervisor:		Telephone:
	Reason for leaving:		·····
2.	From	То	
			Job Title:
	Address:		
			Telephone:
	Reason for leaving:		
3.	From	To	
	Employer:		Job Title:
	Address:		
	Supervisor:		Telephone:
	Reason for leaving:		
4.	From	To	
	Employer:		Job Title:
	Supervisor:		Telephone:
	Reason for leaving:		
5.	From	To	
			Job Title:
	Address:		
			Telephone:
	Reason for leaving:		

#### REFERENCES

(Give name, address and telephone number of three references who are <u>not</u> related to you and are not previous employers or supervisors)

1				
	(Name)	(Address)	(Phone)	
2.				
	(Name)	(Address)	(Phone)	
3				
	(Name)	(Address)	(Phone)	

#### APPLICATION CONDITIONS

The City of De Leon is an *Equal Opportunity Employer* and employment decisions shall be based on merit, qualifications and competence. Except where required by law, employment practices shall not be influenced or affected by virtue of an applicant's race, color, religion, sex, national origin, age, physical disability, political opinions or any other characteristic protected by law.

In accordance with the *Americas with Disability Act (ADA)*, the City will not discriminate in hiring persons with disabilities. Each applicant will be told the requirements of the position, but would have same difficulty or need help with some: the applicant may state what accommodations he or she thinks could make them able to perform the requirements of the position.

In compliance with the *Immigration Reform and Control Act of 1986*, the City will require that an applicant complete, sign and date the first section of Immigration and Naturalization Service Form I-9 and provide the appropriate documentation for section two.

Any applicant, tentatively selected for employment, is required to submit to SCREEN FOR ILLEGAL DRUG USE prior to a final offer of employment. Refusing the test or a positive test result will prohibit the hiring of the applicant.

After a job offer is extended and before beginning work, an applicant must undergo a **PRE-EMPLOYMENT PHYSICAL** at the City's expense, by a physician of the City's choice.

#### **APPLICANT'S STATEMENT**

I have read and understand the above Application Conditions.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of De Leon is of an "at will" nature, which means that the Employee may resign at any time and the City may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or be conduct unless such change is specifically acknowledged in writing by an authorized officer of the City.

In the event of employment, I understand that false or misleading information given in my application, attachments or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City.

(Signature of Applicant)

(Date Signed)

# City of De Leon P. O. Box 318 De Leon, Texas 76444

## **Release and Waiver**

To Whom It May Concern:

I, the undersigned, hereby designate an authorized representative of the City of De Leon, Texas, bearing this release, or a copy of this release, to obtain any information pertaining to my employment, credit or educational records including, but not limited to, information which is personal, confidential or privileged in nature, or which relates to any and all aspects of my personal history for the use of the City of De Leon related to determining my qualifications for employment with the City of De Leon.

I, the undersigned, hereby authorize and direct you to release this information upon request of the bearer. I further understand that this information is for official and confidential use of the City of De Leon. I further understand that any background investigation report prepared by the City of De Leon is STRICTLY CONFIDENTIAL and will not be read or reviewed by anyone except the appointing authority or designated confidential agent of the City of De Leon.

I, the undersigned, hereby release you, as the custodian of records, and any school, college, university, or other institution, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, former employer, law enforcement agency, employees, or related personnel both individually and collectively, for any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy of it.

NAME:	_ SIGNATURE:
(Printed or Typed)	
DATE:	-

WITNESS:\_\_\_\_\_