

# APPLICATION FOR EMPLOYMENT CITY OF JARRELL, TEXAS



## AN EQUAL OPPORTUNITY EMPLOYER

The City of Jarrell, Texas does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, veteran status, or any other legally protected status in accordance with federal, state and local laws.

This application for employment was designed for use by person applying various types of positions. Some questions may not be completely applicable to the position. Please complete all job-related questions to the best of your ability.

Applicants may request any accommodation needed to participate in the application and/or interview process.

## GENERAL INFORMATION (Please print)

Position applied for	Date of Application

Last Name	First Name	Middle Name
Address (Street/Route/ Post Office Box)		
City	State	Zip Code
Contact Phone Number(s)		Email Address
<input type="checkbox"/> Cell (____) _____ - _____		_____ @ _____
<input type="checkbox"/> Home (____) _____ - _____		
<input type="checkbox"/> Other (____) _____ - _____		

Social Security Number _____  Can you show proof of eligibility to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No  Are you related by kinship or marriage to any City of Jarrell employee currently employed by the City or any City Council Member currently serving in office? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please give name &amp; relationship:</b>  Have you ever been employed under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please give name used:</b>  Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (for consideration with certain positions)  <b>If yes, explain:</b>	Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No  Do you have a current/valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No  State: _____ Lic. # _____ Exp. Date: _____ Type: _____  Date Available for employment with the City of Jarrell, Texas _____  Available for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Shift
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**EDUCATION AND TRAINING**

Indicate the highest grade completed (Circle one) 1 2 3 4 5 6 7 8 9 10 11 12 Other: \_\_\_\_\_  
 Did you graduate/achieve GED?  Yes  No

	Name of School City & State	Number of Years Completed	Degree/ Certification Earned	Major
High School				
College				
Graduate School				
Trade/Business/ Other Training				

\* Please include undergraduate colleges or universities, graduate schools, technical, vocational, or business schools

**SPECIAL SKILLS/QUALIFICATIONS**

Add any additional special job-related skills or qualifications you may have received from your experiences (e.g. foreign language proficiency, office or special equipment you can operate and types of computer software/hardware you are familiar with using.

Special job-related skills/qualifications	Office or Special Equipment	Computer Software/Hardware

If a license, certificate or other authorization is required or related to the position for which are applying, please complete the following

License/Certificate (i.e. PE, RN, CPA, TRMC, etc.)	Date Issued	Issued by (State or other Authority)	License Number	Location of issuing authority (City/State)

**EMPLOYMENT RECORD**

\* Instructions: Give information related to the most recent job(s) you held and describe duties performed. Include any job-related military service assignments or volunteer work.  
**YOU MAY ATTACH A RESUME, SO FULL EMPLOYMENT EXPERIENCE MAY BE REVIEWED, BUT THIS SECTION MUST BE COMPLETED.**

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 Was this a supervisory position?  Yes  No Ending Date: \_\_\_\_\_  
 Employer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Was this a supervisory position?  Yes  No Ending Date: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Would you be willing to provide references if requested?  Yes  No

**APPLICANT'S STATEMENT (Please read and sign below)**

I certify that all answers given in this application are true and complete.

I also understand that any offer of employment may be conditional upon the satisfactory results of a medical evaluation, drug screening and driver's license check (if applicable).

I authorize investigation of all statements, contained in this application for employment, as may be necessary in arriving at an employment decision and do not hold the City or any other individual involved in this investigation liable for information obtained in this process.

I also understand that false or misleading information given in my interview, or this application, may result in my elimination from consideration for employment and/or discharge at any time.

I further understand that, if employed, I will abide by all policies, rules and procedures of the City of Jarrell.

I understand the City of Jarrell follows an "employment at will" policy which means the City of Jarrell may terminate my employment at any time and/or for any reason consistent with applicable state or federal laws.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

City of Jarrell, Texas (Staff use only)					
Date App Received	Retention Period	Contract Offered	Position Accepted / Wage	Benefits	
	Date of Separation + 5 years	<input type="checkbox"/> Yes <input type="checkbox"/> No Day: _____ Month: _____ Year: _____ Retention Period: Last effective date of contract + 4 years	Position Accepted ? <input type="checkbox"/> Yes <input type="checkbox"/> No Start Date: _____ <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Salary \$ _____ <input type="checkbox"/> Other:	Employee Costs <input type="checkbox"/> Retirement Plan _____ <input type="checkbox"/> Health Insurance _____ <input type="checkbox"/> Life Insurance _____ <input type="checkbox"/> Other: _____ Total: _____	Employer Costs <input type="checkbox"/> Retirement Plan _____ <input type="checkbox"/> Health Insurance _____ <input type="checkbox"/> Life Insurance _____ <input type="checkbox"/> Other: _____ Total: _____