

Employment Application

The City of Tool

701 N. Tool Dr. Tool, TX 75143
903-432-3522 (O) 903-432-3867 (F)

www.tooltexas.org



APPLICANT INFORMATION

Last Name			First Name			M.I.		
Address						APT. #		
City			State			ZIP		
Phone			E-mail Address					
Date Available			Social Security No.			Driver's License #		
Position Applying For								
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					

EMERGENCY CONTACT

Name				Relation			
Address				Contact #			

EDUCATION

High School			Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College			Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other			Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

MILITARY HISTORY

Branch			Dates of Service				
Discharge Rank			Discharge Type				
If other than honorable, explain							

LEGAL BACKGROUND RECORD

Have you ever been convicted of a felony crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a pending conviction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
What was / is the charge?					
Is / was your driver's license suspended or revoked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Pending Suspension or Revocation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, explain why?					

GENERAL

Office Skills	<input type="checkbox"/> Windows	<input type="checkbox"/> M.S. Word	<input type="checkbox"/> M.S. Excel	<input type="checkbox"/> Other:
Estimated Words Per -Minute		Estimated 10 Key Speed		
Special Certifications				
Special Skills				
Special Interest				

REFERENCES

Please list three personal references that you have known for at least three years

Full Name		Relation	
Address		Phone	
Full Name		Relation	
Address		Phone	
Full Name		Relation	
Address		Phone	

PREVIOUS EMPLOYMENT

Company				Phone	
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company				Phone	
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company				Phone	
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE

- I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I also understand that failure to complete any portion of this application may eliminate me from further consideration.
- I understand that the information provided will be investigated and in doing so I, the applicant, release the employer, being the City of Tool from any and all liability.
- I understand that this application is not an employment agreement and that no employment is being offered to me in this application. However if I am employed with the City of Tool, I understand that my relationship with the City of Tool will be governed by the "At-Will" doctrine. Through that doctrine, I understand that the City of Tool is allowed to change my wages, benefits, terminate my employment and other conditions of my appointment at any time. I also understand that through this doctrine and I may terminate my job with The City of Tool at any time for any reason.
- All potential employees are subject to a drug screen and depending on the position a driving record check, criminal history review, reference check and any other background checks pertaining to the applicant. The City of Tool is an equal opportunity employer.

****Please Note: All applicants for Police Officer positions must be TCLEOSE Licensed, 21 years of age and must read and write English ****

Printed Name			
Signature		Date	

FOR OFFICE USE ONLY

Start Date: _____	F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/>	Starting Pay:\$ _____	Probation: _____ days
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Additional Terms / Conditions:

The City of Tool is committed to a policy of equal employment opportunity. The following information is requested for the Human Resources Office use only in order to assist us in complying with EEO reporting guidelines. Because this information is VOLUNTARY and will NOT be considered for employment purposes, this page will remain separate from your Employment Application. In addition, upon employment, this information will not be used for any subsequent personnel decision.

Last Name: _____ Sex: Female _____ Male _____

First Name: _____ Phone #: (____) _____

Address: _____ Date of Birth: _____

City / State / Zip: _____ Application Date: _____

Race:	How did you learn about this position?
_____ American Indian / Alaskan National	Newspaper _____
_____ Black Non-Hispanic	City Website _____
_____ Hispanic	Texas Workforce Com _____
_____ White Non-Hispanic	City Cable TV _____
_____ Asian / Pacific Islander	Other _____

Veteran Status:
_____ Veteran
_____ Non Veteran
_____ Active Duty
_____ Reserve / Guard

Note: For purposes of racial statistical tabulation, the following categories are used:

American Indian- includes persons who identify themselves or are known as such by virtue of tribal association

Asian / Pacific Islander- includes persons of Japanese, Chinese, Korean or Filipino descent

Black- includes all persons of Mexican, Puerto Rican, Cuban, Latin American, or Spanish descent

White- includes persons of Indo-European descent, including Pakistani and East Indian persons

Other- includes Eskimos, Malayans, Thais, and others not covered above



AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize the **The City of Tool** and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages 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 attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicants Full Name		Phone Number	
Physical Address			
Signature <i>(To be signed in front of notary)</i>			

Sworn to and signed before me, on this the _____ day of _____, _____, in and for _____

County, in the State of _____.

Notary Signature

SEAL

Notary's Printed Name		Commission Expiration	
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