

# Employment Application

City of Quitman, Texas

Position Applied For:

Date:

## APPLICANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name	Maiden Name	Nickname

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Cell Phone	Email

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address Number / Street	City	State	Zip Code

## APPLICANT IDENTIFICATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth	Driver's License	State	Expires	Class	Endorsements

<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional License	Expires	Issuer

<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional License	Expires	Issuer

## WORK EXPECTATIONS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Available To Start	Pay Expected	Yes	No
Are you willing to be considered for other positions:			

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full-time	Part-time	Temporary	Salary	Hourly	Overtime	Contractor
Work Willing To Accept						

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Any	Days	Nights	Swing	Weekends	M	T	W	Th	F	Sa	Su
Time Available:					Days Available:						

## CRIMINAL BACKGROUND

<input type="text"/>	<input type="text"/>	<input type="text"/>
Yes	No	
Have you ever been arrested?		If YES, please explain giving charges :

<input type="text"/>	<input type="text"/>	<input type="text"/>
Yes	No	
Have you ever been on probation?		If YES, please explain:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Yes	No	
Have you ever been convicted of a felony?		If YES, please explain:

Please list all traffic violations (including date and offense) in the past three years and final disposition:

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## EDUCATION

High School / GED					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES / NO	<input type="text"/>
Name	City / State	Date From	Date To	Graduated	Subject / Diploma / Degree

College					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES / NO	<input type="text"/>
Name	City / State	Date From	Date To	Graduated	Subject / Diploma / Degree

Trade / Professional					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES / NO	<input type="text"/>
Name	City / State	Date From	Date To	Graduated	Subject / Diploma / Degree

Please list additional training, certifications, or education which is otherwise not listed:

## MILITARY SERVICE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch	Date From	Date To	Status

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch	Date From	Date To	Status

## GENERAL

Please list any special skills, abilities, or other experience applicable to the position applied for:

Please list any civic, service, or other activities:

Please list any awards, recognition or honors you have received:

Please provide any additional information that might apply to the position applied for:

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## EMPLOYMENT HISTORY

List information for your past four employers beginning with current or most recent and going backward.

### Current or Most Recent Employer

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Employer	Date Start	Date End	Pay	Reason for Leaving

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address Number / Street	City	State	Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor Name	Supervisor Title	Employer Phone	YES	NO
			May we contact employer:	

Job Duties:

Job Accomplishments:

Office Use Only:

### Previous Employer #2

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Employer	Date Start	Date End	Pay	Reason for Leaving

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address Number / Street	City	State	Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor Name	Supervisor Title	Employer Phone	YES	NO
			May we contact employer:	

Job Duties:

Job Accomplishments:

Office Use Only:

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## EMPLOYMENT HISTORY (CONTINUED)

Previous Employer #3					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Employer	Date Start	Date End	Pay	Reason for Leaving

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address Number / Street	City	State	Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor Name	Supervisor Title	Employer Phone	YES	NO
			May we contact employer:	

Job Duties:

Job Accomplishments:

Office Use Only:

Previous Employer #4					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Employer	Date Start	Date End	Pay	Reason for Leaving

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address Number / Street	City	State	Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor Name	Supervisor Title	Employer Phone	YES	NO
			May we contact employer:	

Job Duties:

Job Accomplishments:

Office Use Only:

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## EMPLOYMENT HISTORY (CONTINUED)

Please account for any time not employed for more than two months between the above listed employers:

Please list any other previous employment background directly related to the position applied for:

## APPLICANT STATEMENT AND AUTHORIZATION

I certify that all information submitted on this application is true and complete, and I understand that if any false statements, omissions, or misrepresentation are discovered, my application will be rejected and if I am employed, my employment may be terminated as a result of such. In consideration for employment, I am willing to agree and conform to the City's rules and regulations regarding employment, and I agree that my employment may be terminated, with or without cause, and with or without notice, at any time, at either my or the City's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice at any time by the City. I understand that only the City Council may enter into any agreement for employment under specific terms and for a specific period of time or to make any agreement to the contrary of this statement.

I further agree to submit to screening as requested by the City, and at their cost, prior to and during employment and as a condition of employment, to include: substance abuse testing, physical examination, psychological evaluation, and / or polygraph interview.

I hereby authorize the City of Quitman or its authorized agent(s) to investigate the information contained in this application including: reviewing previous employment information unless otherwise specifically noted not to contact a specific employer; reviewing consumer credit reports; reviewing criminal background and records; reviewing licensure information and records; reviewing military service records; reviewing educational information and records; and reviewing other identification or information provided.

I hereby authorize and release from liability any individual, employer, organization, educational institution, governmental agency, or third party reporting agency to provide information or records related to information contained in this application to the City of Quitman or its authorized agent(s).

Applicant Signature:

Date:

Office Use Only: