

APPLICATION FOR EMPLOYMENT

CITY OF ELGIN

AN EQUAL OPPORTUNITY EMPLOYER

Position applied for

**HUMAN RESOURCES DEPARTMENT
310 NORTH MAIN STREET
ELGIN, TEXAS 78621**

PERSONAL

Name _____
LAST FIRST MIDDLE

Address _____
No STREET CITY STATE ZIP

Phone: _____
AREA CODE & NUMBER ALTERNATE PHONE (AREA CODE & NUMBER)

Are you legally eligible for employment in the U.S.A. ? Yes No (If yes, verification will be required.)

Are you at least 18 years of age? Yes No Social Security No. _____

Were you previously employed by the City of Elgin? Yes No (If yes, when?) _____

How were you referred to the City of Elgin? _____

Are you currently employed? Yes No Are you available to work shift work? Yes No

Are you available to work temporary work? Yes No

Are you currently on "layoff" status and subject to recall? Yes No

If your application is considered favorably, on what date will you be available for work? _____

Do you have any relatives working for the City of Elgin? (If yes, list name and relationship.) _____

Are there any other experiences, skills, or qualifications which will be of special benefits in the job for which you are applying?

If the position for which you are applying requires operation of a vehicle, list any traffic violations occurring in the past five (5) years.

If the position for which you are applying requires operation of a vehicle, can you show proof of a valid Texas Driver's License?

Yes No Please Provide a copy of your Drivers License

RECORD OF EDUCATION

High School Attended and Location	No. of Years Completed	Did You graduate?	
		Yes ___ No ___	
College Attended and Location	No. of Years Completed	Did You graduate?	Degree
		Yes ___ No ___	
Trade, Business or Correspondence School Attended and Location	No. of Years Completed	Did You graduate?	Degree
		Yes ___ No ___	

EMPLOYMENT RECORD

Complete the following. Do not say "See Resume." Start with your most recent employment and work back. Be sure to include employer's mailing address. List employment for previous 10 years. Include military service and volunteer activities, if any.

May we contact your present employer for references? ___ Yes ___ No

Name and Address of Company And Type of Business	From Mo. Yr	To Mo. Yr.	Reason for Leaving	Name of Supervisor
	Describe the work you did:			
Telephone				

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	Describe the work you did:			
Telephone				

REFERENCES

List below the names, address, and telephone numbers of five persons you have known for at least one year. (These persons must not be relatives, present or former employers, present or former supervisors.)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason.

I understand that a background investigation will be conducted before I am eligible for employment and that I will have to pass A drug and alcohol screen.

SIGNATURE OF APPLICANT

DATE