

EMPLOYMENT APPLICATION FOR THE CITY OF MAUD, TEXAS

PLEASE PRINT IN INK

NAME: (as it appears on Social Security Card/Work Permit Card)	LAST:	FIRST:	MIDDLE:
MAILING ADDRESS:		CITY:	STATE: ZIP:
PHYSICAL ADDRESS:		CITY:	STATE: ZIP:
DAYTIME PHONE NUMBER:		EVENING PHONE NUMBER:	
OTHER NAMES YOU HAVE USED:			ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO
POSITION(S) APPLIED FOR:			
CHECK EACH TYPE OF WORK YOU WILL ACCEPT: <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> LABOR POOL ("AS NEEDED")			DATE AVAILABLE:
HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF MAUD? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, WHAT DATE:	DEPARTMENT:
SUPERVISOR:		REASON FOR LEAVING:	
HAVE YOU BEEN CONVICTED OF A FELONY IN THE PAST 7 YEARS? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT. <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, give location, date, charge and disposition of case(s) on separate page.	IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION: DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO DL #/STATE: _____	CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IN THE CASE OF APPLICANTS FOR POSITIONS WITH THE CITY WHICH REQUIRE DRIVING A VEHICLE, DRIVING RECORDS WILL BE CHECKED ANNUALLY. EVERY CITY EMPLOYEE WHO IS REQUIRED TO DRIVE A VEHICLE OR OPERATE A PIECE OF EQUIPMENT WHICH REQUIRES A VALID DRIVER'S LICENSE MUST MAINTAIN A SAFE DRIVING RECORD AND MAY BE REQUIRED TO PARTICIPATE IN DEFENSIVE DRIVING COURSES AT THE CITY'S REQUEST. UNSATISFACTORY RESULTS OF A DRIVING RECORD CHECK WILL BE SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING DISCHARGE.			

U.S. MILITARY SERVICE

IF YOU HAVE SERVED IN THE U.S. MILITARY, PLEASE PROVIDE THE FOLLOWING INFORMATION:

BRANCH OF SERVICE: _____

DATES OF SERVICES: _____ TO _____ TYPE OF DISCHARGE: _____

EDUCATION

EDUCATION LEVEL	NAME/ CITY/ STATE	YEARS COMPLETED	MAJOR/ DEGREE
HIGH SCHOOL:			
COMMUNITY OR JUNIOR COLLEGE:			
BUSINESS OR TRADE SCHOOL:			
COLLEGE OR UNIVERSITY:			
GRADUATE SCHOOL:			

COMPUTER SOFTWARE/SKILLS

WORD PROCESSING:	<input type="checkbox"/> SKILLED <input type="checkbox"/> COMPETENT <input type="checkbox"/> FAMILIAR
SPREADSHEET:	SKILLED COMPETENT FAMILIAR
OTHER:	SKILLED COMPETENT FAMILIAR
MULTI-LINE TELEPHONE YES NO	COPIER/FAX MACHINE YES NO
CALCULATOR BY TOUCH YES NO	TYPING/WPM

PROFESSIONAL LICENSES/ CERTIFICATIONS/ ORGANIZATIONS

PROFESSIONAL LICENSES AND CERTIFICATIONS (JOB RELATED)

TYPE OF LICENSES AND CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO/YR

PROFESSIONAL, SCHOLASTIC AND OTHER ORGANIZATIONS (JOB RELATED)

Exclude membership that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status.

NAME:	DATE:	NAME:	DATE:

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST BE COMPLETED

MAY WE CONTACT YOUR CURRENT EMPLOYER YES NO

LIST YOUR MOST RECENT EMPLOYER FIRST, INCLUDE US. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.

BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

DATES OF EMPLOYMENT	FROM (MO/YR):	TO (MO/YR):	YOUR POSITION
EMPLOYER:	YOUR SUPERVISOR:		
ADDRESS:	PHONE NUMBER:		
TYPE OF BUSINESS:	REASON FOR LEAVING:		
BASE SALARY START:	FINAL:	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	
OTHER COMPENSATIONS/BONUSES:			
BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES:			

DATES OF EMPLOYMENT	FROM (MO/YR):	TO (MO/YR):	YOUR POSITION
EMPLOYER:	YOUR SUPERVISOR:		
ADDRESS:	PHONE NUMBER:		
TYPE OF BUSINESS:	REASON FOR LEAVING:		
BASE SALARY START:	FINAL:	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	
OTHER COMPENSATIONS/BONUSES:			
BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES:			

DATES OF EMPLOYMENT	FROM (MO/YR):	TO (MO/YR):	YOUR POSITION
EMPLOYER:		YOUR SUPERVISOR:	
ADDRESS:		PHONE NUMBER:	
TYPE OF BUSINESS:		REASON FOR LEAVING:	
BASE SALARY START: FINAL:		<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	
OTHER COMPENSATIONS/BONUSES:			
BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES:			

DATES OF EMPLOYMENT	FROM (MO/YR):	TO (MO/YR):	YOUR POSITION
EMPLOYER:		YOUR SUPERVISOR:	
ADDRESS:		PHONE NUMBER:	
TYPE OF BUSINESS:		REASON FOR LEAVING:	
BASE SALARY START: FINAL:		<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	
OTHER COMPENSATIONS/BONUSES:			
BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES:			

ADDITIONAL INFORMATION OR TRAINING

REFERENCES

NAME		NAME	
ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	
PHONE NUMBER		PHONE NUMBER	
RELATIONSHIP (NO RELATIVES)		RELATIONSHIP (NO RELATIVES)	

NAME		NAME	
ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	
PHONE NUMBER		PHONE NUMBER	
RELATIONSHIP (NO RELATIVES)		RELATIONSHIP (NO RELATIVES)	

EMERGENCY CONTACT

NAME:	RELATIONSHIP:
ADDRESS:	CITY/STATE/ZIP:
PHONE NUMBER:	BUSINESS PHONE NUMBER:

AUTHORIZATION AND AGREEMENT

I certify that the statements and information contained herein are true, complete and correct to the best of my knowledge, and I authorize any former Employer to release to the City of Maud, upon request, or its authorized representative, any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents verifying my identity and eligibility for employment. In addition, I understand that true copies of all advanced degrees, certificates, or licenses listed on this application must be attached to be considered and before any employment decision can be made. A photocopy of this authorization shall be as valid as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests which will include a pre-employment physical and drug screen. (This examination will be conducted by health care providers of the City's selection.) (I understand that a positive result from the drug screen will eliminate me from consideration from any City job.) I understand that I must produce all documents necessary for the City to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services on or before my first day of employment.

I understand that this application remains current for 180 days. At the conclusion of that time, if I have not heard from The City of Maud and still wish to be considered for employment, it may be necessary to reapply and fill out a new application when a position is posted. I understand that the City has Personnel Policies which describe additional obligations, terms, and conditions of employment. If selected for employment, I agree to promptly familiarize myself with the terms of such documents and abide thereby. I understand and agree that all benefits, programs, rules and policies of the City are subject to exceptions or change at any time, as decided by the City. Furthermore, the City will have the right to change my location for work, my salary and benefit programs, its personnel policies and any other privilege or condition of employment at any time for any reason, with or without prior notice.

I understand the acceptance of this application by the City neither expresses nor implies I will be offered employment. The City of Maud operates under the legal doctrine of employment-at-will and, within requirements of state and federal law regarding employment, can dismiss an employee at any time, with or without notice, for any reason or no reason.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

SIGNATURE OF APPLICANT: _____

PRINTED NAME OF APPLICANT: _____

Applications may be emailed to: dfaulknor@maudtexas.org

Mailed to: City of Maud, P.O. Box 100, Maud, Texas 75567

-or-

Hand delivered to: City Hall, 135 Main St., Maud, Texas 75567