

CITY OF TRINITY

APPLICATION FOR EMPLOYMENT

PRINT IN BLACK INK OR TYPE Fill out the application form completely. If a question is not applicable enter "N/A", DO NOT LEAVE QUESTIONS BLANK. Be sure to sign the form when it is completed. The City of Trinity is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, veteran's status, citizenship, or disability in employment. The form must be signed and dated. This application becomes public record and is subject to disclosure.

Position Applied For

Date of Application

Last Name

First Name

Middle Name

Current Physical & Mailing Address

City

State

Zip

Home Phone

Work Phone

Other Phone

Driver License Number

Social Security Number

Date of Birth

Are you seeking: Full-Time / Part-Time / Temporary Date available for work: _____

Are you willing to work: Days / Evenings / Nights / Overtime / Weekends / Holidays

Are you 18 years of age or older? Yes / No (If hired, proof of age may be required)

Have you ever worked for the City of Trinity? Yes / No

(If Yes, list date and department worked for) _____

If hired, can you provide verification of your legal right to work in the United States? Yes / No

Do you have any relatives working for the City of Trinity? Yes / No

(If Yes, list name, relationship, and department where they work.) _____

List all moving traffic violations within the last (3) three years. _____

Except for minor traffic violations,

1. Have you ever been convicted of a felony or misdemeanor charge? Yes / No
2. Have you ever received deferred adjudication for a felony or misdemeanor charge? Yes / No
3. Have you ever been placed on probation? Yes / No

If you answered Yes to any of the (3) three preceding questions, describe all incidents on a separate sheet of paper indicating charge, date of conviction, location of court, and court disposition.

PERSONAL REFERENCES:

List (3) three individuals, not related to you, that have personal knowledge of your ability to do the work for which you are applying.

| Name | Address | Occupation | Phone Number |
|------|---------|------------|--------------|
| 1) | | | |
| 2) | | | |
| 3) | | | |

List professional, trade, business, or civic activities and any offices held related to the job for which you are applying: _____

EDUCATION:

Applicants may be required to provide copies of diploma, degree, transcripts, licenses, certifications, and registrations.

Did you graduate from High School? Yes / No If No, do you have a GED? Yes / No

| | Name & Address of School | Course of Study | Years Completed | Diploma / Degree |
|------------------|--------------------------|-----------------|-----------------|------------------|
| High School | | | | |
| College | | | | |
| Graduate / Legal | | | | |
| Other | | | | |

Special Training / Skills / Qualifications: List any job related training or operational skills you possess, such as office equipment and machine, types of computer software, road construction equipment, shop / maintenance equipment, etc... _____

List any job related licenses, certifications, or registrations (exclude driver license). Indicate issuing state and expiration date.

Do you know how to type? Yes / No If Yes, how many WPM? _____
 Do you know shorthand? Yes / No If Yes, how many WPM? _____

List any language other than English that you can speak, read, or write.

_____ Speak / Read / Write
 _____ Speak / Read / Write
 _____ Speak / Read / Write

MILITARY SERVICE:

Complete the following if you served on active duty or in a reserve status. A copy of your DD-214 may be required if hired.

| Service Branch | Date Entered | Date Discharged | Type of Discharge |
|----------------|--------------|-----------------|-------------------|
|----------------|--------------|-----------------|-------------------|

EMPLOYMENT RECORD:

Start with your present or most recent job and list all jobs held. Attach separate sheets if more space is needed. Include any job related military service assignments and volunteer activities.

List the most recent employer first.

Place (x) in box if you do not want us to contact this employer.

#1

Company Name: _____ Phone Number: _____

Contact Name: _____ Position: _____

Address: _____

| | | | | | | |
|----------------|--------------|----|--------------|--------------|----|------------|
| Employed From: | _____ | TO | _____ | Wage Started | TO | _____ |
| | Month / Year | | Month / Year | | | Wage Ended |

Reason For Leaving: _____

Place (x) in box if you do not want us to contact this employer.

#2

Company Name: _____ Phone Number: _____

Contact Name: _____ Position: _____

Address: _____

| | | | | | | |
|----------------|--------------|----|--------------|--------------|----|------------|
| Employed From: | _____ | TO | _____ | Wage Started | TO | _____ |
| | Month / Year | | Month / Year | | | Wage Ended |

Reason For Leaving: _____

Place (x) in box if you do not want us to contact this employer.

#3

Company Name: _____ Phone Number: _____

Contact Name: _____ Position: _____

Address: _____

| | | | | | | |
|----------------|--------------|----|--------------|--------------|----|------------|
| Employed From: | _____ | TO | _____ | Wage Started | TO | _____ |
| | Month / Year | | Month / Year | | | Wage Ended |

Reason For Leaving: _____

Place (x) in box if you do not want us to contact this employer.

#4

Company Name: _____ Phone Number: _____

Contact Name: _____ Position: _____

Address: _____

| | | | | | | |
|----------------|--------------|----|--------------|--------------|----|------------|
| Employed From: | _____ | TO | _____ | Wage Started | TO | _____ |
| | Month / Year | | Month / Year | | | Wage Ended |

Reason For Leaving: _____

Place (x) in box if you do not want us to contact this employer.

#5

Company Name: _____ Phone Number: _____

Contact Name: _____ Position: _____

Address: _____

| | | | | | | |
|----------------|--------------|----|--------------|--------------|----|------------|
| Employed From: | _____ | TO | _____ | Wage Started | TO | _____ |
| | Month / Year | | Month / Year | | | Wage Ended |

Reason For Leaving: _____

Attach separate sheets for employment history or resume.

APPLICANT'S STATEMENT:

I certify that the foregoing statements, and those on any attachment(s) to this form, are true and complete to the best of my knowledge and are given by my own free will. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Trinity is of an "at will" nature, which means that the employee may resign at anytime and the employer may discharge the employee at any time with or without cause. In the event of employment, I understand that false or misleading information given in my application may be basis for dismissal from employment.

Signature of Applicant

Date

CITY VEHICLE DRIVER / OPERATOR APPLICANTS:

I understand that, in order to drive or operate city owned vehicles, I must have and maintain a driving record that is satisfactory to the city. I further understand that the city will conduct a pre-employment check of my driving record and, if hired, additional periodic record checks will be made on a random basis.

Signature of Applicant

Date