



CITY OF COLEMAN
200 W. Liveoak St.
P.O. Box 592
Coleman, TX 76834
(325)625-5114 Fax: (325)625-5837

TO ALL JOB APPLICANTS

1. ALL INFORMATION ON THE EMPLOYMENT APPLICATION MUST BE COMPLETE AND ACCURATE.
2. YOUR APPLICATION WILL BE REVIEWED.
3. INTERVIEWS ARE BY APPOINTMENT.
4. SELECTION AND PLACEMENT INTO A POSITION WITH THE CITY OF COLEMAN IS CONTINGENT UPON SUCCESSFUL COMPLETION OF DRUG SCREENING AND PHYSICALS.
5. ATTACH A COPY OF YOUR HIGH SCHOOL DIPLOMA, GED CERTIFICATE, OR COLLEGE TRANSCRIPT.
6. PERSONS EMPLOYED IN A POSITION REQUIRING A DRIVERS LICENSE WILL BE REQUIRED TO SUBMIT CURRENT INFORMATION ON DRIVERS LICENSE.
7. AFTER COMPLETING THIS APPLICATION, PLEASE RETURN IT TO THE **HUMAN RESOURCES DEPARTMENT** AT CITY HALL LOCATED AT **200 W. LIVEOAK ST.** OR MAIL TO THE **ATTENTION OF SHARON ROBERTS, HUMAN RESOURCE OFFICER, CITY OF COLEMAN, P.O. BOX 592, COLEMAN, TEXAS 76834.**

If you have any questions, call the City of Coleman Human Resources Department at
(325) 625-4116.

Thank you for considering the City of Coleman as a place of employment.
Affirmative Action/Equal Opportunity Employer.

Karen Langley, City Secretary
City of Coleman

We consider applicants for all positions without regard to race, color, religion, creed, gender, National origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied for	Date of Application
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How did you learn about us?

- Advertisement
- Friend
- Employment Agency
- Relative
- Inquiry
- Other _____

Last Name	First Name	Middle Name
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Address Number	Street	City	State	Zip Code
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Telephone Number(s)	Social Security Number (voluntary)
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Best time to contact you at home is: _____ a.m. / p.m.

If you are under 18 years of age, can you provide required proof of your eligibility to work?

__ Yes __ No

Have you ever filed an application with us before?

__ Yes __ No

If yes, give date _____

Have you ever been employed with us before?

__ Yes __ No

If yes, give date _____

Do any of your friends or relatives, other than spouse, work here?

__ Yes __ No

If yes, state name, relationship and location _____

Are you currently employed?

__ Yes __ No

May we contact your present employer?

__ Yes __ No

Are you prevented from lawfully becoming employed in this Country because of

Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* __ Yes __ No

Date available for work __/__/__ What is your desired salary range? _____

Are you available to work __ Full Time __ Part Time __ Temporary

Please indicate __ Mornings __ Afternoons

Please indicate dates available _____

Are you currently on "lay off" status and subject to recall?

__ Yes __ No

Can you travel if a job requires it?

__ Yes __ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name & Address of School	Course of Study	No. of Years Completed	Diploma/ Degree
High School _____				
Undergraduate College _____				
Graduate/Professional _____				
Other (Specify) _____				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude Organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Worked	Work Performed
Address _____		
Telephone Number(s) _____	Hourly Rate Salary Starting _____	Final _____
Starting/Present Job Title _____		
Supervisor _____		
Reason for leaving _____	May we contact employer ___ Yes ___ No	

Employer	Dates Worked	Work Performed
Address _____		
Telephone Number(s) _____	Hourly Rate Salary Starting _____	Final _____
Starting/Present Job Title _____		
Supervisor _____		
Reason for leaving _____	May we contact employer ___ Yes ___ No	

Employer	Dates Worked	Work Performed
Address _____		
Telephone Number(s) _____	Hourly Rate Salary Starting _____	Final _____
Starting/Present Job Title _____		
Supervisor _____		
Reason for leaving _____	May we contact employer ___ Yes ___ No	

Employer	Dates Worked	Work Performed
Address _____		
Telephone Number(s) _____	Hourly Rate Salary Starting _____	Final _____
Starting/Present Job Title _____		
Supervisor _____		
Reason for leaving _____	May we contact employer ___ Yes ___ No	

Comments: Include explanation of any gaps in employment _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training in the United States Military.

List Professional, trade, business or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

ADDITIONAL INFORMATION

Other qualifications – Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized skills (Skills/Equipment Operated)

PC/Mac ___ Spreadsheet ___ Word Processing ___ Typewriter ___ WPM ___
Machinery

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ___ Yes ___ No

Personal/Professional References Do Not Include Family Members or Past Supervisors

Name	Phone Number	Best time to call	Occupation
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1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

General Information

Driver's License:

State: _____

Number: _____

Expiration Date: _____

Type of Driver's License:

Class A ___ Class B ___ Class C ___ Class M ___

Class A Commercial ___ Class B Commercial ___ Class C Commercial ___

CDL Endorsement(s):

Tank Vehicle ___ Double/Triple Trailer ___ Hazardous Material ___ Passenger ___

Dismissals and /or Forced Resignations:

Have you ever been fired or forced to resign from any position? ___ Yes ___ No

If yes, please explain below.

Have you ever been convicted of a MISDEMEANOR or FELONY and/or placed on probation, fined or given a suspended sentence such as deferred adjudication? List all cases other than minor traffic violations. PLEASE NOTE: A full disclosure by you is to your advantage as your record does not constitute an automatic bar to employment. Factors such as, but not limited to, age at time of offense(s) and recency of offenses(s) as well as the relationship between the offense(s) and job(s) for which you apply will be taken into account. HOWEVER, FAILURE TO ADMIT CONVICTIONS WILL RESULT IN DISQUALIFICATION OF YOUR APPLICATION FOR ONE YEAR.

(Check one) ___ Yes ___ No

If yes, please provide the following:

Date _____

Charge _____

City/State _____

Disposition _____

Date _____

Charge _____

City/State _____

Disposition _____

(If you need additional space, please attach a sheet listing information in the same format. Include your printed name and signature.)

EEO DATA SHEET

IMPROTANT – ALL APPLICANTS READ: The commitment of the City of Coleman to a policy of equal employment opportunity requires that certain information be gathered and documented for statistical purposes. The following information is requested by the Human Resource Office used only in order to assist us in complying with EEO reporting guidelines. Since this information will NOT be considered for employment purposes, this page will remain separate from your Employment Application and will be available for review at any time during the applicant selection process. In addition, upon employment this information will not be used for any subsequent personnel decisions.

Name _____ Date of Application _____
 Last First M.I.

Other names used _____

Date of Birth _____ Male ___ Female ___

Social Security Number _____ - _____ - _____

ETHNIC CATEGORY (Check one)

___ White (not of Hispanic origin). All persons having origins in any of the people Europe, North Africa or the Middle East.

___ Black (not of Hispanic origin). All persons having origins in any of Black racial groups.

___ Asian or Pacific Islander. All persons having origins in any of the Original people of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. Also persons from the Indian subcontinent, including people with national Origins for Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkim, and Sri Lanka.

___ American Indian or Alaskan Native. All persons having origins in any of the original people of North America.

___ Hispanic. All persons of Mexico, Puerto Rico, Cuba, Central or South America or other Spanish culture, regardless of race.

___ I do not wish to voluntarily supply this information

VETERAN STATUS (Check one)

- A Veteran – A person who served on active duty for a period of more than 180 days, who Received other than a dishonorable discharge, who does not fall into any of the other categories outlined below. (1)

- A Disabled Veteran – A person who served has 30 percent or more disability and is entitled to disability compensation by the Veteran’s Administration who was released from the military service (active duty) for a disability incurred or aggravated in the line of duty. (2)

- A Vietnam Veteran – A person who served on active duty for more than 180 days (any part of which was performed during the period of August 5, 1964 through May 7, 1975) and who was discharged or released from the military service with other than a dishonorable discharge. (3)

- A Disabled Vietnam ERA Veteran – A person who meets both the criteria stated in #2 & #3.

- Other – A person who is not a veteran and does not fall into any of the other Veteran categories listed above.

- I do not wish to voluntarily supply this information.

HANDICAPPED STATUS

Do you wish to identify yourself as a person who has a physical or mental impairment that:

- 1. Substantially limits one or more of such person’s major life activities
- 2. Has a record of such impairment, AND
- 3. Whose handicap/disability was not acquired during military service?
 No Yes (If yes, please complete the following)

Are Accommodations necessary: No Yes If yes, explain:

Have accommodations been made? No Yes If yes, explain:

I do not wish to voluntarily supply this information.

CONFIDENTIAL
Consent form for drug testing

Date _____

1. Employee _____ Employee No. _____
Job Classification _____

2. Supervisor _____ Employee No. _____
Job Classification _____

3. Are you taking any medications? Yes ___ No ___
If yes, describe _____

4. Any additional information or comments: _____

Signature of Employee _____ Date _____

To be filled out by employer

5. Reason for Consent Agreement

- Prior to employment, as a condition of employment
- Consent to random testing
- Voluntary testing
- Work related incident that causes recommendation for testing
- Other (describe) _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, my employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date