

APPLICATION FOR EMPLOYMENT

City of Coleman

P. O. Box 592

Coleman, Texas 76834

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			
How did you learn about us?					
<input type="radio"/> Advertisement <input type="radio"/> Friend <input type="radio"/> Employment Agency <input type="radio"/> Relative <input type="radio"/> Inquiry <input type="radio"/> Other _____					
Last Name		First Name		Middle Name	
Address		Number	Street	City	State
Zip Code					
Telephone Number(s)			Social Security Number (voluntary)		

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? __ Yes __ No

Proof of citizenship or immigration status will be required upon employment.

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

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

Please indicate __ Mornings __ Afternoon

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 page 3

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 Worker	Work Performed
Address		
Telephone Number(s)	Hourly Rate Salary	Starting Final
Starting/ Present Job Title		
Supervisor		
Reason for leaving May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Dates Worker	Work Performed
Address		
Telephone Number(s)	Hourly Rate Salary	Starting Final
Starting/ Present Job Title		
Supervisor		
Reason for leaving May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Dates Worker	Work Performed
Address		
Telephone Number(s)	Hourly Rate Salary	Starting Final
Starting/ Present Job Title		
Supervisor		
Reason for leaving May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Dates Worker	Work Performed
Address		
Telephone Number(s)	Hourly Rate Salary	Starting Final
Starting/ Present Job Title		
Supervisor		
Reason for leaving May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

Comments: Include explanation of any gaps in employment

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

Describe any job-related training received 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)

___ TERMINAL	___ SPREADSHEET	Production/Mobile Machinery (list)	Other (list)
___ PC/MAC	___ WORD PROCESSING	_____	_____
___ TYPEWRITER WPM _____	___ SHORTHAND WPM _____	_____	_____

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
------	--------------	-------------------	------------

- | | | | |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

CITY OF COLEMAN
EMPLOYMENT APPLICATION

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 answer is Yes to either or both of these questions, 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 in court? 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.)

