

CITY OF VALLEY VIEW APPLICATION FOR EMPLOYMENT

101 S. Frontage Rd., Valley View, Texas 76272
Telephone Number (940) 726-3740 Fax Number (940) 726-6253

CITY OF VALLEY VIEW is an Equal Opportunity Employer. Federal and State laws prohibit discrimination in employment practices because of race, color, religion, sex, age, national origin, genetic information, or disability.

(PLEASE PRINT)

Position Applied For _____ Date _____

Referral Source: Advertisement () Walk-In () Friend () Relative () Newspaper ()

Name _____ Email _____
First Middle Last

Address _____
Street City State Zip Code

Phone Number with Area Code _____

Driver's License Number and State _____ Type of License _____

EDUCATION

Do you have a high school diploma or a G.E.D. _____ Yes _____ No Name of High School _____

	Vocational/Technical	College/University	College/University
School Name			
School Address			
City/State/Zip Code			
Telephone Number			
Semester Hours Completed			
Major/Minor Concentration			
Names of Diploma/Degree			

SKILLS AND/OR EXPERIENCE

OFFICE SKILLS

Typing _____ wpm

10 Key By Touch _____

Word Processing Software (Please List)

Spreadsheet Software

Describe Specialized Training _____

List any Licenses or Certificates you hold.

Are you bilingual? _____ Yes _____ No

If yes, in what language(s)? _____

ROAD & BRIDGE POSITIONS ONLY

Front End Loader _____ Dozer _____

Diesel Mechanic _____ Roller _____

Grader _____ Dump Truck _____

Grade-all _____

Other Equipment _____

Do you have military experience? _____ Yes _____ No

Branch _____

EMPLOYMENT INFORMATION

If the answer to any of the following questions is YES, list details in the remarks section. (Attach additional sheet, if necessary).

	YES	NO
Have you been convicted of a crime in the past ten (10) years, excluding misdemeanors and summary offenses, which has been annulled, expunged or sealed by Court?		
Have you EVER been convicted of a Felony? Please explain charges with dates below. (This does not automatically disqualify you.)		
Have you worked for CITY OF VALLEY VIEW previously? When?		
Do you have relatives working for CITY OF VALLEY VIEW? List		
Have you ever been bonded? When?		
Have you been involved in a motor vehicle accident in the past five (5) years? If yes, please explain below.		
Have you ever had any license, permit, or privilege to operate a motor vehicle denied, revoked, or suspended? If yes, please list offense and date.		
Have you ever been fired or asked to resign from a job within the last five (5) years? If yes, please explain below.		

REMARKS:

***** Please list your most recent job first, including military service assignments and volunteer experience or activities.**

EMPLOYMENT EXPERIENCE

Job Title	Dates	Employed	Work Performed
	From	To	
Employer	Telephone Number		
Address	City	State	Hourly Rates/Salary
Zip			
Supervisor	Hours Worked Per Week		
Reason For Leaving			

Job Title	Dates	Employed	Work Performed
	From	To	
Employer	Telephone Number		
Address	City	State	Hourly Rates/Salary
Zip			
Supervisor	Hours Worked Per Week		
Reason For Leaving			

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Reason For Leaving			

Job Title	Dates From	Employed	Work Performed
		To	
Employer	Telephone Number		
Address Zip	City	State	Hourly Rates/Salary
			Starting
Supervisor	Hours Worked Per Week		
Reason For Leaving			

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER. YOU MAY ALSO ATTACH A RESUME, BUT NOT IN PLACE OF THE APPLICATION.

REFERENCES

PLEASE LIST REFERENCES THAT HAVE DIRECT KNOWLEDGE OF YOUR KNOWLEDGE, SKILLS, AND ABILITIES.

NAME	How Acquainted:	PHONE NUMBER	YEARS KNOWN

STATEMENT OF CERTIFICATION

I understand that no employment contract either express or implied is created should I be hired by the CITY OF VALLEY VIEW. I understand that I will be required to pass a drug and/or alcohol test, as well as a physical prior to employment. I give my consent to the CITY OF VALLEY VIEW to conduct a background investigation including reference checks, criminal searches and verification of credentials.

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief, and hereby grant the CITY OF VALLEY VIEW permission to verify such answers.

I understand that any false statement on this application may be considered as sufficient cause for rejection of this application, or dismissal if such false statement on this application is discovered subsequent to my employment.

All applicants accepted for employment with the CITY OF VALLEY VIEW must provide positive proof of identification and proof of eligibility to work in the United States within three days of employment.

I understand that if hired, the CITY OF VALLEY VIEW or I may terminate my employment at any time for any reason, with or without notice.

Signature

Date

APPLICANT DATA RECORD

The following information is requested in order that we may maintain proper records for reporting to the Federal Government, but is completely voluntary.

This information will not remain with your application and will not be used in making a determination as to whether or not you are hired to work for the CITY OF VALLEY VIEW.

NAME: _____

DATE: _____

SEX: (Circle One) Male Female

RACE: (Circle One) WHITE HISPANIC/LATINO BLACK/AFRICAN AMERICAN ASIAN OTHER

NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER AMERICAN INDIAN/ALASKA NATIVE MULTIRACIAL

Authorization to Obtain a Consumer Credit Report and Release of Information for Employment Purposes

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize the CITY OF VALLEY VIEW and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish the CITY OF VALLEY VIEW or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release the CITY OF VALLEY VIEW and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand that a copy of this authorization may be given at any time, provided I do so in writing.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right will be provided to me.

Please Print Clearly

Name (Full): _____ All Former Names Used: _____

Current Street Address _____

City _____, State _____ Zip _____

Name on Drivers License _____

Prior residence, past seven (7) years:

i. _____

ii. From _____ To _____

iii. _____

iv. From _____ To _____

v. _____

vi. From _____ To _____

By signing below, you are certifying that the above information is true and correct, and that you fully understand the terms of this release.

Signature _____

Date _____