



EMPLOYMENT APPLICATION

110 N REAGAN
WEST, TX 76691 Phone: 254-826-5351

Date: _____

IMPORTANT - APPLICATION MUST BE FULLY COMPLETED EVEN IF A RESUME IS ATTACHED. INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED. PLEASE PRINT ALL INFORMATION CLEARLY. YOU MUST COMPLETE ALL QUESTIONS. IF THE ITEM DOES NOT APPLY, WRITE "N/A" FOR "NOT APPLICABLE." THE CITY OF WEST IS AN EQUAL OPPORTUNITY EMPLOYER. THE CITY OF WEST DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION SEX, AGE NATIONAL ORIGIN, DISABILITY OR VETERAN STATUS. THE INFORMATION ON THIS APPLICATION AND ALL ATTACHED PAPERS IS THE PROPERTY OF THE CITY OF WEST AND FOR ITS USE ONLY. IF YOU DO NOT FEEL THAT YOUR APPLICATION WAS PROPERLY CONSIDERED, PLEASE CONTACT THE MANAGER OF HUMAN RESOURCES. APPLICATIONS ARE RETAINED FOR ACTIVE CONSIDERATION FOR A PERIOD NOT TO EXCEED NINETY (90) DAYS.

APPLICANT INFORMATION

Last Name:		First:	M.I.:
Street Address:			Apartment/Unit #
City:	State:	ZIP:	
Phone:	E-mail Address:		
Date available to begin work:	Social Security #	Desired Salary: \$ _____ per year OR \$ _____ per hour	
Position Applied for:			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you under age 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please give age:
Have you ever worked for The City of West?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when? (Give dates):
Are you related by kinship or marriage to any City of West employee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please give name & relationship:
Have you ever been convicted of or pled guilty to and received deferred adjudication for a local, state, or federal offense, other than a minor traffic violation, within the last 10 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give date(s) and type of conviction(s) *
Do you have a Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what is your DL# and State? _____ Expiration		
List all moving violations or traffic accidents (if any) in the last 3 years:			

*Traffic and criminal records are NOT an absolute bar to employment but will only be considered in relation to specific job requirements.

THE CITY OF WEST IS AN EQUAL OPPORTUNITY EMPLOYER.

EDUCATION					
High School:			Address:		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:			Address:		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:			Address:		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

PREVIOUS EMPLOYMENT				
Employer Name:			Phone: ()	
Address:			Supervisor:	
Type of Business:			Department:	
Date Hired:			Date Terminated:	
Job Title:	Starting Salary	\$	Ending Salary	\$
Responsibilities:				
Reason for Leaving:				
May we contact your previous employer?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Employer Name:			Phone: ()	
Address:			Supervisor:	
Type of Business:			Department:	
Date Hired:			Date Terminated:	
Job Title:	Starting Salary	\$	Ending Salary	\$
Responsibilities:				
Reason for Leaving:				
May we contact your previous employer?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Employer Name:			Phone: ()	
Address:			Supervisor:	
Type of Business:			Department:	
Date Hired:			Date Terminated:	
Job Title:	Starting Salary	\$	Ending Salary	\$
Responsibilities:				
Reason for Leaving:				

May we contact your previous employer?

YES NO

Employer Name:		Phone: ()	
Address:		Supervisor:	
Type of Business:		Department:	
Date Hired:		Date Terminated:	
Job Title:	Starting Salary \$	Ending Salary \$	
Responsibilities:			
Reason for Leaving:			
May we contact your previous employer?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Employer Name:		Phone: ()	
Address:		Supervisor:	
Type of Business:		Department:	
Date Hired:		Date Terminated:	
Job Title:	Starting Salary \$	Ending Salary \$	
Responsibilities:			
Reason for Leaving:			
May we contact your previous employer?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
In order to verify your previous employment and education have you used any other names under which you may have been employed or enrolled? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide:			

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()

Address

CERTIFICATIONS

List below any professional certifications and the name and address of the granting authority:

Certification: _____ Date conferred: _____

Name/Address of granting authority: _____

Certification: _____ Date conferred: _____

Name/Address of granting authority: _____

DISCLAIMER AND SIGNATURE

IMPORTANT: APPLICATION MUST BE SIGNED TO BE CONSIDERED. PLEASE READ CAREFULLY BEFORE SIGNING.

I certify that all responses to questions contained in this application and information provided on any attachments and resumes are true and correct. I understand that incomplete or false responses may cause this application to be rejected, and should I become employed that any false or misleading information offered in any application, resume, or during the interview will be grounds for termination of employment. Should any misrepresentation or falsification of data on this application or any resume or interview be discovered after employment, I agree to hold The City of West, its employees, agents and officials harmless from any and all liability and any and all legal actions of any type for any reason that may occur as a result of or during any period of employment with The City of West. I further authorize The City of West or its agents to conduct investigations to verify any information obtained in applications, resumes and interviews regarding my suitability for employment. I specifically request any and all individuals and/or employers contacted by The City of West or its agents to provide any and all requested information and I do release and hold harmless to The City of West, its agents as well as individuals and/or employers contacted by The City of West fully from any and all liability and/or legal action that may occur as a result of information furnished by complying with this request. If employed, I understand that employment is for no definite period of time and that no contractual obligation regarding employment, implied or otherwise, exists between myself and The City of West. I understand that no manager or representative of The City of West has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, and any such agreement by the Mayor must be in writing. I also agree that should I become employed I will abide by all policies, procedures, rules and regulations issued by the district to its employees and I will be available to work as required. I understand that from time to time, my telephone conversations may be monitored as part of the districts Quality Control Program. I further agree to cooperate fully in any investigation conducted by The City of West during my employment and agree that failure to fully cooperate in any investigation may result in termination of employment.

Applicant Signature:

Date: