



# City of West Application for Employment

110 N Reagan St. ♦ West, Tx 76691 ♦ 254-826-5351 ♦ www.cityofwest.com

**INSTRUCTIONS:** Answer each question clearly and completely. **If questions are not applicable, enter "NA". Do not leave questions blank.** Be sure to sign when completed. Incomplete applications will not be considered. If more space is required for any question, please attach additional sheets as necessary. Resumes will not be accepted in lieu of an application; you may attach a resume to this completed application. This application will only be considered for the position applied for. To be considered for other positions you will need to complete an additional application per position. The City of West is an Equal Opportunity Employer and all applicants will receive consideration without regard to race, color, religion, national origin, gender, age, and veteran or disability status.

## General Information

Today's Date \_\_\_\_\_

Name \_\_\_\_\_  
Last Name, First Name, Middle Initial

Address \_\_\_\_\_  
Number, Street, City, State, Zip Code

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Position Title Applying For \_\_\_\_\_ Date You Are Available to Work \_\_\_\_\_

Are you 18 or older?  Yes  No

If hired, can you provide legal proof that you are legally entitled to work in the United States?  Yes  No

Do you speak, read, or write languages other than English?  Yes  No

If yes, what languages? \_\_\_\_\_ How well?  Good  Fair  Excellent

Are you currently or have you ever been employed by the City of West?  Yes  No

If yes, please list below:

Position	Department	Dates (From/To)	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____

## Criminal History

The City of West conducts criminal history checks on all employees. Please fully answer the following questions. (Please note: a conviction does not necessarily mean that your application will be automatically disqualified from employment consideration.)

Are you currently on felony probation, felony deferred adjudication, or parole?  Yes  No

Have you ever been convicted, placed on deferred adjudication or community supervision, or pleaded guilty or no contest to a felony offense?  Yes  No

Date(s): \_\_\_\_\_

Have you ever been convicted, placed on deferred adjudication or community supervision, or pleaded guilty or no contest to a misdemeanor offense other than a traffic violation?  Yes  No

Date(s): \_\_\_\_\_

If you answer "Yes" to any of the above 3 questions, **please explain in detail on Page 7** (Supplemental Conviction Information) of this application, with the dates and nature of each offense, the name and location of each court, and the disposition of each case. You must include any DUI/DWI offenses.

## Education

Did you graduate from High School or receive a GED?  Yes  No Name of High School \_\_\_\_\_

Please indicate highest level of Education completed:  High School  Some College or Associates  Bachelors  Masters +

Name of School \_\_\_\_\_ Dates Attended \_\_\_\_\_

Major/Minor \_\_\_\_\_ Hours Completed \_\_\_\_\_ Date Graduated \_\_\_\_\_

Name of School \_\_\_\_\_ Dates Attended \_\_\_\_\_

Major/Minor \_\_\_\_\_ Hours Completed \_\_\_\_\_ Date Graduated \_\_\_\_\_

Name of School \_\_\_\_\_ Dates Attended \_\_\_\_\_

Major/Minor \_\_\_\_\_ Hours Completed \_\_\_\_\_ Date Graduated \_\_\_\_\_

\* If you need additional space to list your educational history, please attach a sheet providing the same information requested above.

If Certification, Registration, or Special License is required for the position, please complete the following:

License/Certification \_\_\_\_\_ Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_

Issued by \_\_\_\_\_ License Number \_\_\_\_\_

License/Certification \_\_\_\_\_ Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_

Issued by \_\_\_\_\_ License Number \_\_\_\_\_

## Computer Skills

Windows  Word  Excel  Outlook  Access  Other \_\_\_\_\_

Machines or Equipment Operated \_\_\_\_\_

## Driver's License or ID & Driving Record Information

State Issued \_\_\_\_\_ DL Number \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_ Commercial  Yes  No

Please list and give date(s) of every moving violation and/or traffic accident in the last (3) three years (**report any PI's, DWI's, or DUI's under Criminal History, and elaborate on Page 7**).

Incident \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

Incident \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

Incident \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

**Other Skills** (Please list any additional training, technical, or professional knowledge that would support your application.)

## Employment History

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Include all employment for the past ten (10) years as well plus military experience and any other relevant experience beyond ten years. Begin with your current or most recent job. Employment history should include each position held, even those with the same employer. Do not use the comment "See Resume". If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach additional employment history sheets providing the same information requested on this application form. This information will be used to determine if you meet minimum work-related experience for the position you are applying for.

Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

Hours Worked per Week \_\_\_\_\_ Final Salary \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Employer Address \_\_\_\_\_

# of Employees You Supervised \_\_\_\_\_ May we contact this employer?  Yes  No  After 2 Week Notice

Reason for Leaving \_\_\_\_\_

Summary of Job Duties and Responsibilities:

Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

Hours Worked per Week \_\_\_\_\_ Final Salary \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Employer Address \_\_\_\_\_

# of Employees You Supervised \_\_\_\_\_ May we contact this employer?  Yes  No  After 2 Week Notice

Reason for Leaving \_\_\_\_\_

Summary of Job Duties and Responsibilities:

## Employment History Continued

Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

Hours Worked per Week \_\_\_\_\_ Final Salary \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Employer Address \_\_\_\_\_

# of Employees You Supervised \_\_\_\_\_ May we contact this employer?  Yes  No  After 2 Week Notice

Reason for Leaving \_\_\_\_\_

Summary of Job Duties and Responsibilities:

Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

Hours Worked per Week \_\_\_\_\_ Final Salary \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Employer Address \_\_\_\_\_

# of Employees You Supervised \_\_\_\_\_ May we contact this employer?  Yes  No  After 2 Week Notice

Reason for Leaving \_\_\_\_\_

Summary of Job Duties and Responsibilities:

## Nepotism Policy & Signature Acknowledgement

Relatives of immediate family members (consanguinity or affinity) shall not be employed by, appointed or promoted into any position (including full-time, part-time, regular, or temporary) within the City. If employees become related after employment, it will be the responsibility of the employees affected to immediately notify their supervisor(s) and to come into compliance with this policy within sixty (60) days.

No person may be employed by, appointed or promoted into any position (including full-time, part-time, regular, or temporary) within the City who is related within the second degree by marriage (affinity), or by the third degree by blood (consanguinity), to any member of the City Council.

Relatives and related are defined as follows:

	Blood (Consanguinity)	Marriage (Affinity)
<b>FIRST DEGREE</b>	Child	Spouse
	Parent	Stepchild
		Stepparent
<b>SECOND DEGREE</b>	Sibling	Stepsibling
	Half-Sibling	Parent-in-law
	Grandchild	Step Grandchild
	Grandparent	Step Grandparent
<b>THIRD DEGREE</b>	Uncle/Aunt	Grandparent-in-law
	Nephew/Niece	Grandchild-in-law
	Great Grandparent	Sibling-in-law
	Great Grandchild	Step Uncle/Aunt
		Step Nephew/Niece
		Step Great Grandparent
		Step Great Grandchild
<b>FOURTH DEGREE</b>	First Cousin	Great Grandparent-in-law
	Grand Nephew/Niece	Great Grandchild-in-law
	Great Uncle/Aunt	First Cousin-in-law
	Great-Great Grandparent	
		Nephew/Niece-in-law

I acknowledge with my signature on this page, that I will be expected to review a current list of members of the West City Council, the City Manager, and West City employees. At that time, I will certify that I am not related in any manner described previously to any of these persons.

I certify that all information in this application is true and correct. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for either my immediate discharge without recourse, or refusal of employment by the City of West.

I understand and agree that all information in this application may be verified by the City of West. I also understand that any employment is subject to a satisfactory check of references, and that once a contingent offer of employment is made, I must satisfactorily pass a pre-placement physical, which will include drug and alcohol tests.

I authorize all individuals and organizations named or referenced to in this application, or given otherwise by me as references, to give the City of West all information relative to my employment, work habits, and character. I authorize the City of West to verify and investigate the status of my driver's license and to conduct any background check it deems necessary, including review of criminal history records. I release any individuals and organizations contacted, and the City of West. I understand that this is not an employment agreement between the City of West and the applicant.

Applicant Signature X \_\_\_\_\_ Date: \_\_\_\_\_

## Authorization for Release of Confidential Information

I, \_\_\_\_\_, am applying for a position with the City of West. This City needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the City of West.

I hereby authorize any representative of the City of West bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself by and to any duly authorized agent of the City of West, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of pursuing a background investigation that may provide pertinent data for the City of West to consider in determining my suitability for employment. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of West regardless of any agreement I may have made with you previously to the contrary. This Agency requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City of West's acceptance and processing of my application for employment, I agree to hold the City of West, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of West. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of West in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one (1) year from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last 4 of SS# \_\_\_\_\_

Current Address: \_\_\_\_\_

Applicant Signature X \_\_\_\_\_ Date \_\_\_\_\_

## Supplemental Conviction Information

Please use this space to list any conviction, probation or deferred adjudication information as requested on Page 2 of this application. Include date, nature of the offense, the name and location of each court and the disposition of each case. If more space is needed, please attach additional sheets in the same format. This page will be removed from the application and filed in Human Resources.

Applicant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Dates (Month/Year) \_\_\_\_\_  Felony  Misdemeanor Nature of Offense \_\_\_\_\_

Case Disposition \_\_\_\_\_

Name & Location of Court \_\_\_\_\_

Dates (Month/Year) \_\_\_\_\_  Felony  Misdemeanor Nature of Offense \_\_\_\_\_

Case Disposition \_\_\_\_\_

Name & Location of Court \_\_\_\_\_

Dates (Month/Year) \_\_\_\_\_  Felony  Misdemeanor Nature of Offense \_\_\_\_\_

Case Disposition \_\_\_\_\_

Name & Location of Court \_\_\_\_\_

For Equal Opportunity Employment Purposes: Your completion of the section below is voluntary; refusing to complete this section will not affect the evaluation of your application. The commitment of the City of Bellmead to a policy of equal employment opportunity requires that certain information be gathered and maintained for government record-keeping requirements only. This section will be detached from your application. The information will not be used for making interviewing or hiring decisions.

Position Applied For \_\_\_\_\_

Race (please check one):

White  Black/African American  Hispanic/Latino  American Indian/Alaska Native  Native Hawaiian/Pacific Islander

**Please make sure your entire application is filled out before submitting.**

### TO SUBMIT BY E-MAIL:

Save application to your computer then attach to email using your email service. Email to: [secretary@cityofwest.com](mailto:secretary@cityofwest.com)

### TO SUBMIT BY MAIL:

West City Hall  
PO Box 97  
West, TX 76691