

City of Maypearl

Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

Instructions: It is important that you answer all questions on this application fully and accurately. Failure to do so may delay its consideration and could mean loss of employment opportunities. If an item does not apply to you, or if there is no information to be given, please write in the letters "N/A" for Not Applicable. Please print in blue or black ink or type.

The City of Maypearl considers all applicants for employment without regard to race, color, religion, ethnicity, gender, national origin, age, physical handicap, or any other protected status or classification in accordance with state and federal laws. The City of Maypearl also provides "reasonable accommodations" to qualified individuals with known disabilities, in accordance with the Americans with Disabilities Act.

Position Applying For: _____ Date: _____
(Position Title Stated on Job Announcement)

PERSONAL INFORMATION:

Name: _____ Social Security Number: XXX-XX- _____
Last First Middle Last 4 numbers only

Address: _____
Number Street City State Zip Code

Home Phone Number: (____) _____ Cellular or Best Phone Number: (____) _____

E-mail address: _____

Type of work you will accept: Full-time Part-time Temporary Shift Work Night Work Weekend Work

Date available to start work: _____ Are you willing to work overtime as necessary? Yes No

Have you ever been employed by the City of Maypearl? Yes No If yes, position held? _____

Department? _____ Period of employment? From: _____ to _____

Do you have relatives working for the City of Maypearl or serving on the City Council? Yes No

If yes, whom? _____ Relationship? _____

CITIZENSHIP:

Are you a U. S. Citizen? Yes No If no, do you have the legal right to work in the United States? Yes No

It will be necessary to submit documents as required by law to verify your identification and employment authorization upon employment.

EDUCATION AND TRAINING:

Your educational record will be considered only to the extent that it is relevant to the position sought. High school diploma or GED (Graduate Equivalency Diploma) and college transcript(s) are required for verification of education prior to employment.

High School Graduate? Yes* No GED? Yes No If GED, from what agency? _____

*Name/Address of High School: _____

Additional Education: List colleges, trades schools, or other form of training above the high school level.

Name of School(s) Attended	Address	Credit Hours	Type of Degree	Major Subject
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Computer skills: Word Excel PowerPoint Access Incode Other computer skills:

Machines or equipment operated:

Special licenses, certifications, or relevant training:

Please list any additional training, technical skills or professional knowledge that would support your application:

DRIVING AND CONVICTION RECORD:

Your driving record will only be considered to the extent you will be driving city vehicles or doing city business in your personal vehicle.

Type of License:

Driver License Number State Expiration Date

- Class C
- B-CDL
- C-CDL

Have you been issued a citation for any moving traffic violation(s) within the past three years for which you were convicted, served probation, took deferred adjudication or attended driving school? Yes No

If yes, please complete the following and attach additional sheet, if necessary:

Charge	Date	Location	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of a crime other than a Class C traffic offense? Yes No
If so, please complete the following: (Note: Conviction will not automatically exclude you from employment.)

Charge	Date	Location	Outcome
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY: List your employment experience, beginning with your current or last position and work back. Include military experience, part-time, temporary, seasonal positions and account for periods during which you were unemployed. This page may be copied if additional space is needed to account for all employment in the **last ten (10) years.**

Are you currently employed? Yes No If yes, can we contact your current employer? Yes No Later

Employer: _____ Dates of Employment: From: ____/____/____ To: ____/____/____

Address: _____ Phone Number: (____) _____
 Number Street City State Zip Code

Position Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Supervisor's Name: _____ Supervisor's Title: _____

- Full-time
- Part-time
- Seasonal
- Temporary

Describe your duties:

Did you receive disciplinary action? Yes No If yes, Verbal warning(s) Written reprimand(s) Suspension(s)

Reason for leaving or wanting to leave? _____

Status of leaving: Voluntary resignation Resignation in lieu of termination Separation agreement Termination

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Address: _____ Phone Number: (____) _____
 Number Street City State Zip Code

Position Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Supervisor's Name: _____ Supervisor's Title: _____

- Full-time
- Part-time
- Seasonal
- Temporary

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Status of leaving: Voluntary resignation Resignation in lieu of termination Separation agreement Termination

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Address: _____ Phone Number: (____) _____
 Number Street City State Zip Code

Position Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Supervisor's Name: _____ Supervisor's Title: _____

- Full-time
- Part-time
- Seasonal
- Temporary

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Reason for leaving or wanting to leave? _____

Status of leaving: Voluntary resignation Resignation in lieu of termination Separation agreement Termination

EMPLOYMENT HISTORY (continued): List your employment experience, beginning with your current or last position and work back. Include military experience and account for periods during which you were employed.

Employer: _____ Dates of Employment: From: ____/____/____ To: ____/____/____

Address: _____ Phone Number: (____) _____
 Number Street City State Zip Code

Position Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Supervisor's Name: _____ Supervisor's Title: _____

- Full-time
- Part-time
- Seasonal
- Temporary

Describe your duties:

Did you receive disciplinary action? Yes No If yes, Verbal warning(s) Written reprimand(s) Suspension(s)

Reason for leaving or wanting to leave? _____

Status of leaving: Voluntary resignation Resignation in lieu of termination Separation agreement Termination

Please explain any lapses in employment:

DISCIPLINARY HISTORY: List all disciplinary actions you have received while working, include employer name, approximate date, level of discipline (Verbal warnings, written reprimands, suspensions, demotions, terminations or other disciplinary action) and a brief explanation of the circumstances.

	<u>Employer</u>	<u>Date</u>	<u>Level of discipline</u>	<u>Explanation of circumstances</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

CITY OF MAYPEARL
EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

To the Applicant: The commitment of the City of Maypearl to a policy of equal employment opportunity requires that certain information to be gathered and maintained for government record-keeping requirements only. This page will be detached from your application immediately upon receipt, and this information will not be used for making interviewing or hiring decisions.

PLEASE PRINT OR TYPE:

Position Applying For: _____ Date: _____
(Position Title Stated on Job Announcement)

Your Social Security Number: XXX-XX-_____
(Last 4 numbers only)

Date of Birth: _____ Male Female

Driver License (State & number) _____ Expiration Date: _____

Check Type of Driver License Held: A-CDL B-CDL Class C

Race/National Origin: (Check)

- | | |
|--|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> White | <input type="checkbox"/> Two or more races: please list single racial/ethnic group above with which you closely identify. |
| <input type="checkbox"/> Black or African American | |
| <input type="checkbox"/> Asian | |
- _____

Education Level: Check Highest Grade Completed:

Grade School	High School	College	Graduate School
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

How did you find out about this vacancy?

- Professional Organization Walk - In City Employee Friend or Relative City website Indeed.com TML

**CITY OF MAYPEARL
POLICE DEPARTMENT**

**Agreement – Not to sue, Authorization for
Release of Personal Information**

KNOW ALL MEN BY THESE PRESENTS:

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Maypearl Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the US Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the records and 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.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for employment by the City of Maypearl. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

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

Signature (include maiden name)

Date of Birth

Address

Social Security No.

Phone Number

STATE OF TEXAS COUNTY OF ELLIS

Sworn to me and subscribed before me this _____ day of _____, 20____

Notary Public, in and for the State of Texas