

City of Florence
PO Box 430
106 South Patterson
Florence, Texas 76527
254-793-2490
254-793-3766 fax

APPLICATION FOR EMPLOYMENT
-AN EQUAL OPPORTUNITY EMPLOYER-

Name _____
(Last) (First) (Middle)

The attached application is a questionnaire that you are required to fill out and return to the City of Florence. This is not a test, but rather an application covering qualifications and requirements. The application must be completed in the applicant's own handwriting. If you do not have enough room to fit your answer in the blanks provided, please attach an 8 1/2" x 11" sheet of paper with the additional information numbering the additional answers with the same number and section title as the question you are answering. If for any reason you do not understand a question in this document, it is your responsibility to contact the City of Florence. **DO NOT** return this document with unanswered questions. If the question does not apply to you, write "N/A" in the blank. It is recommended that you read over the questions in this document before attempting to answer the questions to help eliminate confusion. It is also recommended that you make copies of this application to use as a rough draft before turning in the final draft. Make a copy of the completed application to keep for your records.

Please initial here: _____

CITY OF FLORENCE

APPLICATION FOR EMPLOYMENT -AN EQUAL OPPORTUNITY EMPLOYER-

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, national origin, disability, gender or age.

GENERAL INFORMATION:

Position Applied For _____ SSN (Optional) _____
Full Legal Name _____ Home Phone _____
Address _____ Work Phone _____
City _____ State _____ Zip _____ Cell Phone _____

EDUCATION:

Please circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 High School Graduate? _____ Yes _____ No
If you did not complete high school, do you have a GED? _____ Yes _____ No
Please list any post high school education below:

Name of Institution: _____
Location _____
Hours _____ Degree Received _____
Major _____ Minor _____

Name of Institution: _____
Location _____
Hours _____ Degree Received _____
Major _____ Minor _____

Name of Institution: _____
Location _____
Hours _____ Degree Received _____
Major _____ Minor _____

Name of Institution: _____
Location _____
Hours _____ Degree Received _____
Major _____ Minor _____

EXPERIENCE:

Start with your present or most recent job. Describe all paid work experience and be sure to emphasize the knowledge, skills, and abilities that best demonstrate your qualifications for this position. Resumes may be attached, but **PLEASE DO NOT WRITE "SEE RESUME"**.

May we contact your present supervisor? _____ Yes _____ No

Job Title _____
Employer _____
Address _____
Supervisor _____
Phone _____
Reason for Leaving _____

Dates Employed (mo/yr) _____ to (mo/yr) _____
Hourly Rate/Salary (beg) _____ (end) _____
Duties: _____

Job Title _____
Employer _____
Address _____
Supervisor _____
Phone _____
Reason for Leaving _____

Dates Employed (mo/yr) _____ to mo/yr) _____
Hourly Rate/Salary (beg) _____ (end) _____
Duties: _____

Please continue on next sheet if you need additional space.

SUPPLEMENTAL EXPERIENCE SHEET

Please use the spaced below to list any experience that you were not able to include on the front page of this application.

Job Title _____ Dates Employed (mo/yr) _____ to (mo/yr) _____
Employer _____ Hourly Rate/Salary (beg) _____ (end) _____
Address _____ Duties: _____
Supervisor _____
Phone _____
Reason for Leaving _____

Job Title _____ Dates Employed (mo/yr) _____ to (mo/yr) _____
Employer _____ Hourly Rate/Salary (beg) _____ (end) _____
Address _____ Duties: _____
Supervisor _____
Phone _____
Reason for Leaving _____

Job Title _____ Dates Employed (mo/yr) _____ to (mo/yr) _____
Employer _____ Hourly Rate/Salary (beg) _____ (end) _____
Address _____ Duties: _____
Supervisor _____
Phone _____
Reason for Leaving _____

Job Title _____ Dates Employed (mo/yr) _____ to (mo/yr) _____
Employer _____ Hourly Rate/Salary (beg) _____ (end) _____
Address _____ Duties: _____
Supervisor _____
Phone _____
Reason for Leaving _____

Job Title _____ Dates Employed (mo/yr) _____ to (mo/yr) _____
Employer _____ Hourly Rate/Salary (beg) _____ (end) _____
Address _____ Duties: _____
Supervisor _____
Phone _____
Reason for Leaving _____

Job Title _____ Dates Employed (mo/yr) _____ to (mo/yr) _____
Employer _____ Hourly Rate/Salary (beg) _____ (end) _____
Address _____ Duties: _____
Supervisor _____
Phone _____
Reason for Leaving _____

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special skills or qualifications that are relevant to the position for which you are applying: _____

List any equipment, office machines, personal computers (including software) that you can operate: _____

Licenses (to include driver's), certificates, or other authorization to practice a trade or profession: _____

MISCELLANEOUS:

For purposes of compliance with the Immigration Reform and Control Act, are you eligible for employment in the United States: _____ Yes _____ No. Under the Act, you will be required to provide documentation of your eligibility should you be employed.

Have you ever been convicted of a law violation, excluding minor traffic violations? _____ Yes _____ No
If yes, please provide date and explanation: _____

Do you have relatives employed by the City of Florence? _____ Yes _____ No
If yes, please provide names and departments: _____

If you indicated in the "Experience" section that you had any gaps in employment, were laid off, or were dismissed from a position, you may use this space to provide an explanation: _____

Please list the date on which you can begin work _____

REFERENCES:

Please list the appropriate information for at least three references that are familiar with your background and not related to you through blood or marriage.

- 1) _____
Name and Address Phone Occupation
- 2) _____
Name and Address Phone Occupation
- 3) _____
Name and Address Phone Occupation

APPLICANT'S STATEMENT (Please read carefully and sign below.)

I hereby certify that the information provided is correct to the best of my knowledge. I understand that any false statements or information from me may void this application or subject me to discharge at any time after employment. I hereby authorize investigation regarding my suitability for employment, and I will not hold the City of Florence, employment references or past or present employers liable for releasing or obtaining information in this process.

Signature of Applicant _____ Date _____

City of Florence Application

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: You must fill in the Personal History Statement, Employment History and Reference Sheets **COMPLETELY AND IN YOUR OWN HANDWRITING- PRINT ONLY.** Application forms that do not reflect current correct phone numbers for past employers and personal references may be rejected.

A. Applicant Identification:

1. Name _____
(Last) (Middle) (First)

2. Address _____

3. Telephone(s) _____

4. Nickname(s), maiden name or any other names by which you may have been known.
Include all documentation on any legal name changes. _____

5. Date and Place of Birth: _____

6. Social Security Number: _____

7. Are you a Citizen of United States: Please circle YES NO

8. Driver's License Number: _____
Class: _____

9. Spouse's Name (Include Maiden Name, if applicable) _____

10. With whom do you reside? (Give full name, date of birth and relationship)

11. Have you ever worked for the City of Florence in any capacity? Please Circle
YES NO If yes, explain: _____

12. Are you related to any employee(s) of the City of Florence? Please Circle
YES NO If yes, explain: _____

13. Do you know anyone currently employed by the City of Florence? Please Circle
YES NO If yes, name and position: _____

B. Other Personal Data:

1. Do you consume alcohol? _____ To what extent? _____

2. Have you ever been fired or asked to resign from a job? Please circle YES NO
Number of times? _____

3. State below, in your own words, why you are seeking employment with the City of
Florence-

C. Residence:

List all addresses where you have lived beginning with your present address in the last five
years:

From/To

Address

City/State/Zip

D. Military Record:

1. Have you ever served in the United States Armed Forces? Please Circle: YES NO

2. Branch of Service : _____

3. Date of Service: From: _____ To: _____ Highest Rank Held: _____

4. List any specialized training: _____

5. Were you ever disciplined while in the Military Service (including court-martial, captain's mast, company punishment, etc.)? Please Circle YES NO

If yes, please explain: _____

E. Special Qualifications and Skills:

In what language are you fluent? Indicate in each area your degree of fluency (excellent, good, fair):

Language Speaking Reading Writing Understanding

F. Criminal History and Litigation:

1. Have you ever been arrested or had criminal charges filed against, or have you been a defendant in court? Please circle YES NO If yes, complete the following (Use extra paper, if necessary.)

Crime Charged City/State Date Court/Case#/Disposition

YOU ARE REQUIRED TO SUPPLY DOCUMENTATION FROM THE COURT OR JURISDICTION IN WHICH THE ABOVE INCIDENTS TOOK PLACE, GIVING THE DETAILS AND DISPOSITION.

2. List below the types of illegal drugs and narcotics, including marijuana, that you have used (this includes experimentation), the number of times it was used, along with the date of the last time it was used. Use extra paper, if necessary.

Name of Illegal Substance Number of times used Last time

3. List any other criminal activity in which you have been involved which was not described above.

Activity Numbers of time Last time

4. Are you now or have been ever involved as a party in any civil litigation? (This includes divorce action, but excludes workman's compensation claims.) Please Circle YES NO If yes, give details: _____

G. Traffic Record:

1. Has your driver's license ever been suspended or revoked? Please Circle YES NO If yes, give details: _____

2. List to the best of your memory, ALL traffic citations you have received (Excluding Parking Tickets)

Month/Year Charge City/State Disposition

3. Describe in a brief narrative any traffic accidents in which you have been involved, as a driver, giving approximate dates and locations. (Please attach supplemental pages, if necessary.)

4. Do you have any outstanding traffic warrants or parking tickets? Please Circle YES
NO If yes, please explain:

You Must Attach A Copy Of The Following Documents, If Applicable, To Make This Application Complete:

1. Drivers License
2. Social Security
3. High School Diploma or GED
4. College Transcripts
5. Water &/or Wastewater Certificates
6. Disposition of any Criminal Cases
7. Any Training Certificates

IMPORTANT NOTE TO APPLICANTS FOR EMPLOYMENT: YOU ARE REQUIRED TO SIGN THIS FORM IN THE PRESENCE OF A NOTARY PUBLIC TO HAVE YOUR SIGNATURE DULY NOTARIZED.

I hereby swear that I personally completed the foregoing application, that I am aware of the contents and that the answers to questions and statements I have made herein are true and correct. I am also aware that any willful misrepresentation, omission or falsification of facts or any answer or statement made by me herein will subject me to rejection or dismissal and criminal prosecution under Article 37.02 of the Texas Penal Code.

SIGNATURE OF APPLICANT

DATE

Subscribed and Sworn to before me, the Undersigned Authority, on this ____ day of _____, 20__ A.D.

NOTARY'S SIGNATURE

DATE

(Notary Seal)

NOTARY PUBLIC IN AND FOR WILLIAMSON COUNTY, TEXAS

MY COMMISSION EXPIRES: _____

CITY OF FLORENCE

PO Box 430

106 South Patterson

Florence, Texas 76527

254-793-2490

Authorization to Release Information

I hereby request and authorize you to furnish:

The **City of Florence** with any and all information they may request concerning my work record, education, training record, military record, financial status, criminal record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privilege nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with the City of Florence.

I hereby release you and your organization from liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualification to serve as a City of Florence employee.

APPLICANT SIGNATURE: _____ **DATE:** _____

Before me, _____, a notary public, on this day personally
(Notary Public)
appeared _____, known to me (or proved to me under oath of
(Applicant)
_____ to be the person whose name is subscribed to
(Witness)
the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and considerations therein expressed.

Given under my hand and seal of office this the _____ day of _____.

{ SEAL }

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