



Application for Employment

Town of Fairview - 372 Town Place - Fairview, TX 75069
972 562-0522 (phone) - 972 548-0268 (fax)

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT LEGIBLY OR TYPE. ANSWER ALL QUESTIONS. RESUME WILL NOT BE ACCEPTED IN LIEU OF COMPLETED APPLICATION.

Position(s) applying for: _____ Date of application: _____

Name: _____ Social Security #: XXX—XX—
(Last) (First) (Middle)

Address: _____
(Number & Street) (Apt. #) (City) (State) (Zip Code)

Telephone: _____ Cell Phone/Other: _____ E-mail address: _____

Are you over the age of 18? () yes () no If "no," can you provide a work permit? () yes () no

Have you been employed by the Town of Fairview? () yes () no If yes, position(s) and dates: _____

Do you have relatives currently working for or holding office in the Town of Fairview? () yes () no. If yes, name: _____ and relationship: _____. (Town policy prohibits or limits hiring of relatives of employees or officials in certain circumstances.)

Are you legally eligible for employment in the United States? () yes () no Are you eligible to work for all employers in the US or only current employer? () all () current (If hired, it will be necessary to provide proof of identity and legal authority to work in the US.)

Date available for work: _____ Desired rate of pay: _____ Type of employment desired: () FT () PT () Temporary

If driving is required in the position for which you are applying: Type of license: ____ Lic #: _____ State: _____ Exp. Date: _____

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into consideration. During the past 7 years, have you been convicted of or pled "guilty" or "no contest" to any criminal offense (excluding minor traffic violations)? () yes () no If yes, state nature of offense, when and where, and disposition:

EDUCATION: Your educational record will be considered only to the extent that it is relevant to the position for which you are applying. Starting with the most recent school you attended, provide the following information:

<u>School (include city & state)</u>	<u>No. Years Attended</u>	<u>Did You Graduate (Check One)</u>	<u>GED/diploma/degree certificate/other/NA</u>	<u>Major Subject</u>
_____	_____	yes/no	_____	_____
_____	_____	yes/no	_____	_____
_____	_____	yes/no	_____	_____
_____	_____	yes/no	_____	_____

EMPLOYMENT HISTORY: List last or present employer first (include military service). Explain all periods of unemployment. If you need additional space to detail your employment history, make a copy of this page or request that a copy be provided to you.

May we contact your present employer? () yes () no () later

Employer:	Supervisor's Name & Title:	Current Salary:
Address:		Telephone Number (including area code):
Dates of Employment: From:	To: Position Title:	Reason for Leaving or Wanting to Leave:
Description of Duties:		
Specific office/clerical, computer/software skills utilized; machinery/equipment operated & certification/license required:		

Employer:	Supervisor's Name & Title:	Current Salary:
Address:		Telephone Number (including area code):
Dates of Employment: From:	To: Position Title:	Reason for Leaving or Wanting to Leave:
Description of Duties:		
Specific office/clerical, computer/software skills utilized; machinery/equipment operated & certification/license required:		

Employer:	Supervisor's Name & Title:	Current Salary:
Address:		Telephone Number (including area code):
Dates of Employment: From:	To: Position Title:	Reason for Leaving or Wanting to Leave:
Description of Duties:		
Specific office/clerical, computer/software skills utilized; machinery/equipment operated & certification/license required:		

Employer:	Supervisor's Name & Title:	Current Salary:
Address:		Telephone Number (including area code):
Dates of Employment: From:	To: Position Title:	Reason for Leaving or Wanting to Leave:
Description of Duties:		
Specific office/clerical, computer/software skills utilized; machinery/equipment operated & certification/license required:		

SKILLS AND QUALIFICATIONS: Summarize any special training, skills, licenses and/or certifications that are relevant to the position for which you are applying, such as computer/software skills, typing (give speed), and ability to operate specialized equipment or machinery.

REFERENCES: Provide three additional business, work, personal, and/or school references who are not former supervisors and who are not related to you.

	<u>Name</u>	<u>Telephone Number</u>	<u>Relationship to You</u>	<u># Yrs. Known</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

ADDITIONAL INFORMATION/COMMENTS: List any other information that should be considered in reviewing your qualifications, such as professional affiliations, honors, awards and accomplishments.

APPLICANT STATEMENT: I certify that all information I have provided in order to apply for and secure work with the Town of Fairview is true, complete and correct.

I expressly authorize, without reservation, the Town of Fairview, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the Town of Fairview, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the Town of Fairview does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the Town of Fairview and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the Town of Fairview reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the Town of Fairview is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Town Manager.

I understand that any offer of employment that I may receive from the Town of Fairview is contingent upon my successful completion of Town paid, post offer, pre-employment alcohol and drug screen and medical examination, which includes a medical history, to determine my ability to perform the essential functions of my job, with or without reasonable accommodation. (Accommodation is reasonable if it does not impose an undue hardship to the Town and does not create a direct threat to your health and safety or the health and safety of others.) A pre-employment psychological/ polygraph examination or additional testing of job-related skills may also be required for some jobs. I hereby consent to having the results of any post offer, pre-employment examination(s) that I am required to take disclosed to the Town of Fairview.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT. I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

NAME _____

DATE _____

APPLICANT EEO DATA FORM
VOLUNTARY INFORMATION

We consider all applicants for positions without regard to age, race, religion, sex, color, national origin, citizenship, disability, veteran status or any other unlawful basis. We also comply with all applicable laws governing employment practices.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete the Applicant EEO Data Form. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

This form is not a part of your official application for employment. It will not be used for interviewing purposes or in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations and will be filed separately from your application.

APPLICANT EEO DATA FORM

The information requested is **optional** and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and **will not be considered** as part of the application for employment. It will be separated from the application.

1. Position for which you are applying: _____

2. _____ 3. XXX-XX- _____
LAST NAME FIRST MIDDLE SOCIAL SECURITY #

4. _____ 5. _____
ADDRESS CITY STATE ZIP TELEPHONE #

6. Sex (CIRCLE ONE): M F 6. Birth Date: ___/___/___

7. Ethnic Origin (CHECK PREFERRED):

___ **(W) White** (Not of Hispanic origin)—All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

___ **(B) Black** (Not of Hispanic origin)—All persons having origins in any of the Black racial groups of Africa.

___ **(H) Hispanic**—All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

___ **(P) Asian or Pacific Islander**—All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

___ **(I) American Indian or Alaskan Native**—All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition

___ **(O) Other**—All persons not in categories listed above

8. Veteran (CHOOSE ONE): 9. Spouse of Vet. (CHOOSE ONE) 10. Orphan of Vet. (CHOOSE):

11. How did you find out about this job?

- | | |
|---|----------------------------------|
| ___ 01 Fairview employee | ___ 07 walk-in |
| ___ 02 TML Classifieds | ___ 08 human resources/personnel |
| ___ 03 professional organization _____ | ___ 09 radio |
| ___ 04 job posting/town hall bulletin board | ___ 10 town website/Internet |
| ___ 05 television | ___ 11 TWC/Hire Texas |
| ___ 06 print ad _____ | ___ 12 other _____ |
| NAME OF PUBLICATION | SPECIFY |

Applicant Signature _____ Date _____

EQUAL OPPORTUNITY EMPLOYER

**TOWN OF FAIRVIEW - FIRE DEPARTMENT
AGILITY TEST - RELEASE OF CLAIMS & WAIVER OF LIABILITY**

I, _____, for and in consideration of being considered for employment by the Fairview Fire Department, do hereby make the following representations and acknowledgements:

1. As a part of the application process, I will have to take a physical agility test. The test may involve running, jumping, lifting, climbing, carrying, exercising, and other physical activities. Whether I am in good physical condition or poor physical condition, I recognize that there are risks of injury involved in taking this agility test. I further understand that if I am not in good or adequate physical condition, or if I have any pre-existing injuries, diseases, or physical conditions which may be aggravated by this test, that I may be placing myself at risk. I fully accept all risk and responsibility involved in engaging in this agility test.
2. I realize and agree that when taking the agility test, I will not be an agent, servant or employee of the Town of Fairview or the Fairview Fire Department, and therefore will not be covered by any worker's compensation, death or disability benefits of the Town of Fairview.

By signing this waiver, I do hereby release and forever discharge the Town of Fairview, the Fairview Fire Department, and its elected officials, officers and employees, in both their professional and personal capacities, from any and all liability, claims, suits, demands or causes of action which may arise from my taking the agility test. **This waiver is intended to cover all acts or omissions of the Town of Fairview, the Fairview Fire Department, and its elected officials, officers and employees, regardless of whether such act or omission is the result of an intentional, reckless, grossly negligent, or negligent act. By signing this waiver, it is my intent to bind my heirs, executors, administrators and assigns.** I understand the terms of this release are contractual and not a mere recital. Before signing this release, I read it fully and hereby acknowledge that I understand it. I have signed this document of my own free will.

Signature: _____ Date signed: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Home: (____) _____ Work: (____) _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20_____

Notary Public in and for the State of Texas

In case of emergency, notify:

Name: _____ Relationship to me: _____

Address: _____

Home: (____) _____ Work/Cell: (____) _____

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

I hereby request and authorize you to furnish the Town of Fairview Fire Department with and all information they may request concerning my work record, educational and 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 privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a volunteer, part-time or full-time Fire Fighter. I hereby release you and your organization from any liability, which may, or could, result from furnishing the information requested above, or from any subsequent use of such information in determining my qualifications to serve as a Fire Fighter.

Applicant's Signature

Date

Applicant's Name

Social Security Number

Before me, _____, a Notary Public, on this _____ day of _____, 200__ appeared _____, known to me to be the person whose name is subscribed to the foregoing, and declared that the statements contained herein are true and correct.

Notary Public in and for the State of Texas

My Commission Expires: _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal
APPLICANT or EMPLOYEE NAME (Please print)
FULL NAME AS IT APPEARS ON YOUR DRIVER'S LICENSE
history (CCH) verification check will be performed by accessing the Texas Department of Public Safety
Secure Website and will be based on name and DOB information I supply. MY DATE OF BIRTH IS ___/___/___

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, LI Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

___/___/___
Date

Fairview Fire and Rescue
Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

___/___/___
Date

Please: Check and Initial each Applicable Space		
CCH Report Printed:	YES ___ NO ___	___ initial
Purpose of CCH:	EMPLOYMENT	
Hired ___ Not Hired ___	___ initial	
Date Printed: ___/___/___	___ initial	
Destroyed Date: ___/___/___	___ initial	
Retain in your files		