

## **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 <u>PRINT LEGIBLY</u> OR <u>TYPE</u>. ANSWER <u>ALL</u> QUESTIONS. RESUME WILL <u>NOT</u> BE ACCEPTED IN LIEU OF COMPLETED APPLICATION.

Position(s) applying for:			Date of application	Date of application:		
Name:				Social Security #	t: XXX—XX-	
	(Last)	(First)	(Middle)			
Address:						
	(Number & Street)	(Apt. #)	(City)		(State)	(Zip Code)
Telephone:		Cell Phone/Other:		E-mail address: _		
Are you ove	r the age of 18?()yes	s ( ) no If "no," can you	provide a work permit?	()yes ()no		
Have you be	en employed by the Tov	wn of Fairview?()yes()	no If yes, position(s)	and dates:		
		ing for or holding office in the (Town policy prohibits or li				
		ent in the United States? ( nt (If hired, it will be neces				
Date availab	le for work:	Desired rate of pay:	Type of em	ployment desired: ( )	FT ( ) PT (	) Temporary
If driving is r	equired in the position fo	or which you are applying: T	ype of license: I	Lic #: State:	Exp.	Date:
seriousness years, have	<b>s and nature of the vic</b> you been convicted of o	question does not constitut plation, rehabilitation and p r pled "guilty" or "no contest" re of offense, when and wher	to any criminal offense	ill be taken into cons	ideration. Du	

**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:

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

EQUAL OPPORTUNITY EMPLOYER A DRUG-FREE WORKPLACE **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:	Position Title:	Reason for Leaving or Wanting to Leave:
From:	To:	
Description of Duties:		
Specific office/clerical, computer/	software skills utilized; machinery/equipment operat	ed & certification/license required:

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

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

Employer:		Supervisor's Name & Title:	Current Salary:
Address:			Telephone Number (including area code):
Dates of Employment:		Position Title:	Reason for Leaving or Wanting to Leave:
From:	To:		
Description of Duties:			
Specific office/clerical, compu	ter/software skills	s utilized; machinery/equipment operated	d & 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>Not related to you.</u>	Name_	Telephone Number	Relationship to You	<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	Ξ
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DATE