

# CITY OF FORT STOCKTON



## APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

(ANSWER ALL QUESTIONS - PLEASE PRINT)

POSITION APPLIED FOR: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ STATE \_\_\_\_\_ CLASS \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE SUFFIX

PRESENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU NOW EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_

WHO REFERRED YOU? \_\_\_\_\_ RATE OF PAY EXPECTED? \_\_\_\_\_

IF YOUR APPLICATION IS CONSIDERED, ON WHAT DATE WILL YOU BE AVAILABLE FOR WORK? \_\_\_\_\_

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH WILL BE OF SPECIAL BENEFIT IN THE JOB FOR WHICH YOU ARE APPLYING?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4 OTHER: \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_  
NAME CITY / STATE

### PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

NAME & OCCUPATION	ADDRESS	PHONE NUMBER

**EMPLOYMENT HISTORY**

(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT)

EMPLOYER			DATE	
NAME:			FROM:	TO:
			MO. YR.	MO. YR.
ADDRESS:	POSITION HELD:			
CITY:	STATE:	ZIP:	SALARY/WAGE:	
SUPERVISOR:	PHONE #:	REASON FOR LEAVING:		
DESCRIBE THE WORK YOU DID:				

EMPLOYER			DATE	
NAME:			FROM:	TO:
			MO. YR.	MO. YR.
ADDRESS:	POSITION HELD:			
CITY:	STATE:	ZIP:	SALARY/WAGE:	
SUPERVISOR:	PHONE #:	REASON FOR LEAVING:		
DESCRIBE THE WORK YOU DID:				

EMPLOYER			DATE	
NAME:			FROM:	TO:
			MO. YR.	MO. YR.
ADDRESS:	POSITION HELD:			
CITY:	STATE:	ZIP:	SALARY/WAGE:	
SUPERVISOR:	PHONE #:	REASON FOR LEAVING:		
DESCRIBE THE WORK YOU DID:				

1. HOW MANY VEHICLE ACCIDENTS HAVE YOU HAD IN THE LAST 5 YEARS, IF JOB APPLICABLE? \_\_\_\_\_
2. HAS YOUR LICENSE EVER BEEN REVOKED, CANCELLED OR SUSPENDED, IF JOB APPLICABLE? \_\_\_\_\_
3. HAVE YOU EVER BEEN ARRESTED, CHARGED, HAVE A PENDING CONVICTION, BEEN CONVICTED, OR DEFERRED ADJUDICATION PRE-TRIAL DIVERSION IN REGARDS TO A FELONY CHARGE? \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it is true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal history, employment, financial and other related matters as may be necessary in arriving at an employment decision which will be final only and upon satisfactory completion of an employment physical and drug test. I hereby release employers, schools and other persons from liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that I am required to abide by all rules and regulations of the City of Fort Stockton.

<b>APPLICANT SIGNATURE</b>	<b>DATE</b>
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**NOTICE TO JOB APPLICANTS**

The City of Fort Stockton is required to verify certain information contained in your application for employment, conditional job offer or provided by you during the interview process. The information requested below is necessary to complete this task. This information is **NOT** part of your application for employment and will be used for the sole purpose of verification of information, and or statements made by you. Please complete **ALL** information requested.

**APPLICANT'S LEGAL NAME:**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

**CURRENT HOME ADDRESS:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code

**DATE OF BIRTH:**

**SOCIAL SECURITY #:**

\_\_\_\_\_  
Month/Day/Year

**DRIVER'S LICENSE #:**

**STATE:**

**APPLICANT CONSENT:** I understand and agree that the City of Fort Stockton will verify all or part of the information I have given my prospective employer. I understand that this verification may include an inquiry into my credit history, motor vehicle driving record, criminal or civil records, prior employment (including contacting prior employers), education (degree, GPA and attendance), as well as other public record information. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability and individual or entity requesting or supplying information with respect to my application for employment.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, have been notified that a Computerized Criminal 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 identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

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 make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 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

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	