



## Employment Application

Completely fill out application and sign it, print in ink or type. It is the applicant's responsibility to ensure that the application is on file in Human Resources on the final filing date. Late applications will be rejected.

### Applicant Information

Position Applied for: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First Last M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate or possess a G.E.D. Certificate? YES  NO

College/ University: \_\_\_\_\_ Major: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College/ University: \_\_\_\_\_ Major: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Please list any experiences, certificates/licenses, skills, or special training that are related to the position which you are applying for.

### Additional Information

1. Are you related to any City of Farmersville employee? Yes  No
2. Are you now or have you ever been employed by the City of Farmersville? Yes  No
3. Can you, after employment, submit verification of your rights to work in the United States? Yes  No
4. List Languages you speak fluently other than English: \_\_\_\_\_

## Previous Employment

List most recent experience 1st; carefully account for all employment and / or job-related volunteer experience. List each job title even if employed by the same employer. Use additional sheets if necessary, using the same format below.

A resume may be attached but will not be substituted for the information required in this section. Your application will be rejected if you write "See Resume".

Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Are you currently in the Armed Forces? YES  NO

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Disclaimer and Signature

I hereby certify that all answers and statements in this document are true and complete to the best of my knowledge and belief. I authorize investigation of all statements contained on this application. I understand that any misrepresentation or omission of facts called for is cause for rejection of my application, removal of my name on an eligibility list, and/or disciplinary action including termination.

### **Important Notice Regarding Employment**

Employment with the City of Farmersville does not occur until the Department Director and the City Manager sign and file a formal document appointing the applicant to a job position following successful completion of all pre-employment procedures. Until formal appointment is made in this manner, any offers of City employment are conditional and preliminary and may be withdrawn.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Supplemental Questionnaire

Date: \_\_\_\_\_

The information requested below will be used for statistical purposes only. It will enable the human resources division to evaluate city selection processes for compliance with federal and state equal employment opportunity laws. This information is requested on a voluntary basis and will not be retained as part of your application. If you have any questions regarding this request, please contact the human resources division. Your application will be processed whether you complete these questions. Thank you for your assistance.

Name: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

### Please Check 1 of the Following:

- Male
- Female
- Other
- Prefer not to disclose

### Please Select Your Ethnicity Category:

- Native American (The category "Native American" includes persons who identify themselves as an American Indian, or are known as such, by virtue of tribal associations, including Alaskan Native)
- Asian (the category "Asian" includes Asian-Americans and persons of Japanese, Chinese, Korean, Pacific Islanders and Vietnamese descent)
- Black (Trinidadian and West Indian descents)
- Filipino (The category "Filipino" includes all Filipino ancestry or ethnic origin)
- Hispanic (The category "Hispanic" includes Mexican, Chicano, Latino, and all persons of Puerto Rican, Cuban, Central or South American or Spanish Ancestry or ethnic origin)
- White (The category "White" includes Caucasians, Anglo-Saxons, Europeans, and persons of Indo-European, North African or Middle Eastern Ancestry or ethnic origin)
- Other: (If other, Please specify: \_\_\_\_\_)

### Please indicate where you learned of this job vacancy:

- The City's Website
- College Placement Service
- Friend or Relative
- Job Flyer Posted at Another Agency
- Newspaper
- Professional Journal or Publication
- State Employment Office
- Other

Signature: \_\_\_\_\_ Date: \_\_\_\_\_