



APPLICATION FOR EMPLOYMENT

City of Grand Saline, Texas
132 E. Frank St.
Grand Saline, TX 75140
Phone: (903) 962-3122
FAX: (903) 962-3363 – www.grandsaline.org



Please print. All information must be legible. Application must be completed in full or will not be considered. Resumes may be attached to completed application. Applicants requiring reasonable accommodation to the application and/or interview process should contact the Human Resources Department for assistance. Equal access to programs, services, and employment is available to all qualified persons. The City of Grand Saline is an Equal Opportunity Employer.

Position applied for: _____ Date: _____ Salary Expected: _____

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State) (Zip)

E-MAIL ADDRESS: _____

TELEPHONE: (Home) _____ (Work) _____ (Cell) _____

SOCIAL SECURITY NUMBER: _____ / _____ / _____ DOB _____

Please check all that apply: Do you want Regular Full Time Regular Part Time Temporary Full Time Temporary Part Time

Seasonal (as needed) Volunteer FD

How did you learn of this position? Newspaper* Internet* Professional Magazine* Employee Referral

HR Office Employment Agency Texas Workforce Commission (employment office)

*Specify which _____

Do you have a valid Texas Driver's License? No Yes Type of License: Operator CDL Chauffer Class A B C

License Number: _____ Expiration Date: _____

Does anyone related to you (by blood or marriage) work here or is currently a member of the City Council? Yes No If yes, list name, their position, and relationship: _____

Have you ever worked here before? Yes No If yes, give dates and position held: _____

Are you legally eligible for employment in the United States of America? Yes No

Answering "yes" to the following question will not be 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.

Have you ever plead "guilty" or "no contest" (*nolo contendere*) to, or been convicted of a crime? Yes No

If you answered "yes," please provide the date(s), location, and details: _____

Have you served in the armed forces, armed forces reserve, or national guard of the United States of America? Yes No

If "yes," please complete the following: BRANCH _____ DATE ENTERED _____

DATE OF DISCHARGE _____ RANK AT DISCHARGE _____

LIST DUTIES AND TRAINING _____

ARE YOU CURRENTLY A MEMBER OF THE RESERVES OR NATIONAL GUARD? Yes No

EMPLOYMENT HISTORY

List all periods of employment or volunteer activities. If currently UNEMPLOYED, write "unemployed" in the CURRENT EMPLOYER block and go to the next block. Start with your current status and work backward. If you need additional space, use a plain sheet of paper using the format below for each additional position. You may attach a resume or other documents.

COMPLETE EACH SECTION FULLY.

CURRENT EMPLOYER: _____
BUSINESS ADDRESS: _____ **PHONE NO.** _____
JOB TITLE: _____ **SUPERVISOR'S NAME:** _____
DATES OF EMPLOYMENT: From _____ To _____
REASON FOR DESIRING CHANGE: _____
STARTING SALARY: \$ _____ **ENDING SALARY** \$ _____ **MAY WE CONTACT THIS EMPLOYER?** ____
YOUR DUTIES: _____

LAST EMPLOYER: _____
BUSINESS ADDRESS: _____ **PHONE NO.** _____
JOB TITLE: _____ **SUPERVISOR'S NAME:** _____
DATES OF EMPLOYMENT: From _____ To _____
REASON FOR LEAVING: _____
STARTING SALARY: \$ _____ **ENDING SALARY** \$ _____ **MAY WE CONTACT THIS EMPLOYER?** ____
YOUR DUTIES: _____

NEXT PREVIOUS EMPLOYER: _____
BUSINESS ADDRESS: _____ **PHONE NO.** _____
JOB TITLE: _____ **SUPERVISOR'S NAME:** _____
DATES OF EMPLOYMENT: From _____ To _____
REASON FOR LEAVING: _____
STARTING SALARY: \$ _____ **ENDING SALARY** \$ _____ **MAY WE CONTACT THIS EMPLOYER?** ____
YOUR DUTIES: _____

PLEASE EXPLAIN IN DETAIL ANY TIME LAPSES DUE TO UNEMPLOYMENT OR OTHER REASONS.

LIST LICENSES or CERTIFICATIONS RELATED TO THE JOB FOR WHICH YOU ARE APPLYING.

LIST PROFESSIONAL OR TECHNICAL LICENSES, REGISTRATION, CERTIFICATES, OR MEMBERSHIPS YOU POSSESS.

CHECK ALL SKILLS OR ABILITIES, BELOW, THAT YOU POSSESS THAT RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING.

Typing / Speed _____ WPM Ten – Key Calculator
 List computer programs in which proficient: _____

FOR TRADES JOBS ONLY:
 Truck List type(s): _____
 Backhoe List type(s): _____
 Grader List type(s): _____
 Dozer List type(s): _____
 Tractor List type(s): _____
 Mower List type(s): _____
 Other equipment List type(s): _____

EDUCATION

SCHOOL	NAME AND LOCATION	FROM	TO	GRADUATED/COMPLETED	
				Diploma	GED
High School					
College		FROM	TO	Diploma	
Trade School		FROM	TO	Diploma	
Other					

ACKNOWLEDGEMENT

READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from employment with the City of Grand Saline whenever it is discovered.

I give the City of Grand Saline the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the City of Grand Saline and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

The City of Grand Saline does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

I acknowledge that this application, once submitted to the City of Grand Saline, becomes the property of the City of Grand Saline.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the City of Grand Saline reserves the same right to terminate my employment, with or without cause and 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 representative of the City of Grand Saline, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the policy of the City of Grand Saline not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: _____ Date: _____



CRIMINAL BACKGROUND RELEASE FORM

CITY OF GRAND SALINE, TEXAS
132 E. FRANK ST.
GRAND SALINE, TEXAS 75140
903-962-3122 FAX: 903-962-3363



With few exceptions, you are entitled on your request to be informed about information the City of Grand Saline collects about you. Under Sections 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have the City of Grand Saline correct information about you that is held by us and is incorrect. The information that the City of Grand Saline collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

THIS SECTION TO BE COMPLETED BY THE APPLICANT

Print all information requested. Falsification of any information on this form will void your Application for Employment and any actions based on it. The information on the Application for Employment, together with any attachments, is the property of the City of Grand Saline.

Name: _____
Last First Middle Maiden

List any alias names used: _____

Social Security Number: _____ DOB: _____

Driver's License, State and #: _____

Race: _____ Gender: _____ Height: _____

List Current and Last Two (2) Previous Addresses including Date of Residency. Use the back of this form, if necessary. List any out of State Addresses including Dates of Residency.

Current Address			Previous Address			Previous Address		
_____			_____			_____		
Street			Street			Street		
_____	_____	_____	_____	_____	_____	_____	_____	_____
City	State	Zip Code	City	State	Zip Code	City	State	Zip Code
_____			_____			_____		
Date of Residency			Date of Residency			Date of Residency		

I hereby authorize any law enforcement agency to furnish the City of Grand Saline, or its agent, information related to my criminal history. I hereby release the City of Grand Saline and all its agents and employees, the law enforcement agency and all employees of law enforcement agencies furnishing information, from all liability resulting from furnishing of this information to the City of Grand Saline. I certify that the statements made by me on this form are true, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void my Application for Employment and any actions based on it.

Applicant Signature _____ Date _____

If Applicant is less than seventeen (17) years of age, a parent or guardian must agree to the above conditions and counter sign this Criminal Release Form. I (we) the parent(s) or guardian(s) of the above listed minor child do hereby agree to all conditions of the Criminal Background Release Form for the minor child listed above as a condition of employment with the City of Grand Saline.

Parent(s) or Guardian(s) _____ Date _____