



CITY OF GRAND SALINE

APPLICATION FOR EMPLOYMENT

132 East Frank Street

Grand Saline, TX 75140

903-962-3122

www.grandsalinetx.gov



DATE: _____ SOCIAL SECURITY NUMBER: _____

APPLICANT: _____ DOB: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

IS MAILING ADDRESS DIFFERENT? YES/NO

CONTACT NUMBER(S): _____

POSITION DESIRED: _____

Do you have a valid Texas Drivers License? YES/NO Type: _____

License Number: _____ Expiration: _____

Are you related to any current employee or member of City Council? (Blood or marriage)
If yes, list name and relationship: _____

Have you ever been employed by the City of Grand Saline? If yes, please list position held
and dates employed: _____

Are you legally eligible for employment in the United States? YES/NO

Answering "yes" to the following question will not be an automatic bar to employment.
Factors such as date or 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" to, or been convicted of a crime? YES/NO
If you answered yes, please provide date(s), location, and details: _____

Have you or are you currently serving in the armed forces, armed reserve forces, or
national guard? YES/NO
If yes, please provide Branch, dates or service, and rank at discharge: _____

How did you hear about this position? _____



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EMPLOYMENT HISTORY

Please list all periods of employment or volunteer activities beginning with the most recent.
You may attach a resume or other supporting documentation.

CURRENT EMPLOYER:

BUSINESS ADDRESS:

PHONE:

SUPERVISOR NAME:

DATES OF EMPLOYMENT:

MAY WE CONTACT EMPLOYER:

DESCRIPTION OF DUTIES:

REASON FOR CHANGE:

NEXT EMPLOYER:

BUSINESS ADDRESS:

PHONE:

SUPERVISOR NAME:

DATES OF EMPLOYMENT:

MAY WE CONTACT EMPLOYER:

DESCRIPTION OF DUTIES:

REASON FOR CHANGE:

NEXT EMPLOYER:

BUSINESS ADDRESS:

PHONE:

SUPERVISOR NAME:

DATES OF EMPLOYMENT:

MAY WE CONTACT EMPLOYER:

DESCRIPTION OF DUTIES:

REASON FOR CHANGE:

PLEASE EXPLAIN ANY LAPSES IN EMPLOYMENT:

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LIST ANY VALID LICENSES or CERTIFICATIONS RELATED TO THE JOB YOU ARE APPLYING FOR:

LIST ANY MACHINERY OR EQUIPMENT YOU HAVE EXPERIENCE OPERATING:

EDUCATION

<u>HIGH SCHOOL</u>	<u>LOCATION</u>	<u>YEARS ATTENDED</u>	<u>DIPLOMA/GED</u>
<u>TRADE SCHOOL</u>	<u>LOCATION</u>	<u>YEARS ATTENDED</u>	<u>CERTIFICATIONS</u>
<u>COLLEGE</u>	<u>LOCATION</u>	<u>YEARS ATTENDED</u>	<u>DEGREE EARNED</u>

PROFESSIONAL LICENSES, REGISTRATIONS, CERTIFICATIONS OR MEMBERSHIPS:

PLEASE LIST ANY SPECIFIC SKILLS OR ABILITIES THAT YOU POSSESS THAT RELATE TO THE JOB FOR WHICH YOU ARE APPLYING:

WHY DO YOU WANT TO WORK FOR THE CITY OF GRAND SALINE?

ANYTHING YOU WOULD LIKE US TO KNOW ABOUT YOU?



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

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 _____