

CITY OF FRANKLIN, TEXAS

EMPLOYMENT APPLICATION

An Equal Opportunity Employer
 Visit us on the Web at www.cityoffranklintx.com
 Phone: (979) 828-3257; Fax: (979) 828-3390

Instructions: A resume may be attached, but you must complete all spaces on the application to be considered for employment. All information submitted is subject to verification. A false or misleading statement may result in your disqualification. If you are in need of an accommodation to complete this application, please contact Human Resources at the address and phone number above. The City conducts pre-employment background check and personal interviews in the application process. **Please clearly print or type all answers.**

PERSONAL DATA

Name: (Last) _____ (First) _____ (MI) _____

Current Address: (Number & Street) _____
 (City) _____ (State) _____ (Zip) _____

List any other names used if different from name given on application: _____

Phone Numbers: (Home) (____) _____ - _____ (Cell) (____) _____ - _____

Position Applied for: _____ **Minimum Salary Requested \$** _____

Date available to start work: _____ **Type of work desired:** Full-time ___ Part-time ___

EDUCATION & TRAINING

HIGHEST GRADE COMPLETED: **HIGH SCHOOL DIPLOMA OR GED?**

Name of School	City/State	Graduated Yes or No	Dates Attended From To	Certificate/Diploma or Degree Received

If a license, certificate or other authorization is required/related to position for which you are applying, complete the following:

License/Certification (PE, R.N., Attorney, CPA, etc.)	Date Issued	Issued By (State or other Authority)	License Number	Location of Issuing Authority (city & state)

SPECIAL TRAINING: List any special training program or courses you have attended which you feel may add to your qualifications. List course, date and institution (including military training).

COURSE TITLE	DATE	GRANTING INSTITUTION

SPECIAL SKILLS/QUALIFICATIONS: List special skills or qualifications (not listed above) you possess which you believe further qualify you for the position for which you are an applicant (include computer languages, types of computers and computer software, word-processing, typing speed, 10-key calculator, specialized equipment or machines, tools, vehicles, heavy equipment or memberships).

GENERAL INFORMATION

DRIVER'S LICENSE: State: _____ Number: _____ Expiration Date: _____

TYPE OF DRIVER'S LICENSE: **CDL ENDORSEMENTS:**

DISMISSALS AND/OR FORCED RESIGNATIONS: Have you ever been fired or forced to resign from any position?

If answer is Yes to either or both of these questions, please explain:

By Law, you must be authorized to work in the United States in order to be employed by the City of Franklin. Are you a citizen of the United States or legally authorized to work in the United States? Yes No

Have you ever been convicted of a **MISDEMEANOR** or **FELONY** and/or placed on probation, fined or given a suspended sentence such as deferred adjudication in court? List all cases other than minor traffic violations. Yes No

If Yes, please provide the following:

Date: _____ Offense: _____ Level or degree of Offense: _____

Disposition: _____ City/State: _____

Date: _____ Offense: _____ Level or degree of Offense: _____

Disposition: _____ City/State: _____

(If you need additional space, please attach a sheet listing information in the same format. Include your printed name and signature.)

Have you ever been employed in any capacity by the City of Franklin? _____ If yes, please indicate:

Title of Position: _____ Department: _____

Dates of Employment: _____

Are you related to any person employed by the City of Franklin? _____ If yes, please indicate:

Name: _____ Relationship: _____

Department: _____ Position: _____

EMPLOYMENT HISTORY

In the space provided below, give your employment history beginning with your present or most recent employer. List each position held (even those with the same employer), including military, part-time, summer, volunteer work, and any periods of unemployment. **An explanation of any period of unemployment should be included on page 4.**

Employer:	Start Date	End Date
Address/City/State:		
Phone: () - Job Title:	Starting Salary	Final Salary
Supervisor: Supervisor's Title:	\$	\$
Reason for Leaving:		
Briefly describe the Nature and Duties of Your Position		

Employer:	Start Date	End Date
Address/City/State:		
Phone: () - Job Title:	Starting Salary	Final Salary
Supervisor: Supervisor's Title:	\$	\$
Reason for Leaving:		
Briefly describe the Nature and Duties of Your Position		

Employer:	Start Date	End Date
Address/City/State:		
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Employer:	Start Date	End Date
Address/City/State:		
Phone: () - Job Title:	Starting Salary	Final Salary
Supervisor: Supervisor's Title:	\$	\$
Reason for Leaving:		
Briefly describe the Nature and Duties of Your Position		

Explanation of any periods of unemployment between jobs:

GENERAL INFORMATION

I, the undersigned, certify that I have *read and fully understand* this form in its entirety and that the information provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or discharge from the City of Franklin service. In submitting this application, I authorize the City of Franklin to verify all data needed to support this application and to obtain references from my present and past employers. I further understand that this application becomes the property of the City of Franklin and will not be returned.

I also understand that I will have the right to terminate my employment with the City of Franklin at any time without notice and for any reason. I understand that the City of Franklin has the same right. If required for the position, I also understand that as a condition of employment I will be subject to one or more of the following: driving record check, criminal history investigation, medical examination and/or a pre-employment drug-alcohol screening test. An employment offer received from the City is contingent upon information received.

Signature of Applicant

Date Signed

WE THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE CITY OF FRANKLIN.

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION RETURN PROCESS

You may return your application as follows:

- 1.) Bring it to 319 Bremond Street, Franklin TX
- 2.) Mail it to City Secretary, P.O. Box 428, Franklin, TX 77856
- 3.) Fax it to (979) 828-3390, and mail the original to the address in #2.

CONFIDENTIAL

EMPLOYMENT APPLICATION SUPPLEMENT FORM

TO THE APPLICANT: The commitment of the City of Franklin to a policy of equal employment opportunity requires that certain information be gathered and documented for statistical purposes. The following information is requested for Human Resource Office use only in order to assist us in complying with EEO reporting guidelines. Since this information will **NOT** be considered for employment purposes, this page will remain separate from your Employment Application and will not be available for review at any time during the applicant selection process. In addition, upon employment this information will not be used for any subsequent personnel decision.

PLEASE COMPLETE THE FOLLOWING:

1. Name: _____ 2. SSN: _____
3. Address: _____ City: _____ State: _____ Zip: _____
4. Position for which you are an applicant: _____
5. Date of Birth: _____ 6. Sex: Male Female

PLEASE CHECK THE PROPER RESPONSE (* Note below)

7. **Race:** Native American African American White Hispanic Asian American Other
8. **Americans With Disabilities Act status:** Disabled Non-Disabled

MILITARY SERVICE STATUS (Please check all that apply)

9. Veteran Non-Veteran Active Duty Reserves/Guard
10. Discharge Date: _____
Month, Day, Year

*** NOTE:** For purposes of EEO statistical tabulation, the following categories are used:

NATIVE AMERICAN – Includes persons who identify themselves or are known as such by virtue of tribal association.

AFRICAN AMERICAN – Includes persons of African descent as well as those identified as Jamaican, Trinidadian, and West Indian.

WHITE - Includes persons of Indo-European descent, including Pakistani and East Indian persons.

HISPANIC - Includes persons of Mexican, Puerto Rican, Cuban, Latin American, or Spanish descent.

ASIAN AMERICAN – Includes persons of Japanese, Chinese, Korean, or Filipino descent.

OTHER - Includes Eskimos, Malaysians, Thais, and others not covered above.

Signature of Applicant

Date Signed

Authorization for Release of Information

I hereby authorize any investigator or duly accredited representative of the City of Franklin, bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the City of Franklin and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

Written inquiries about criminal convictions will not automatically disqualify an applicant for a particular job and the type and seriousness of the crime, the frequency of violations, the applicants age at the time of conviction, the date of conviction, and the applicant's entire work and educational history will be considered.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me an account of compliance, or any attempts to comply, with this authorization.

Applicant's name (Print or Type)

Date Signed

Signature of Applicant

Social Security number

Address

Phone