Employment Application City of Gladewater P.O. Box 1725, 519 E. Broadway, Gladewater, Texas 75647

903-845-2196 * 903-845-6891 fax

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Position Applied For:		Date of Appl	ication://
How Did You Learn About This Position? □ Employment Agency □ Friend	□ Relative □ Walk-in	□ Other:	
PERSONAL INFORMATION			
Name:	FIRST	MIDE	DLE
Mailing Address:		CITY	STATE ZIP
Physical Address:			
(If different) ADDRESS		CITY	STATE ZIP
Phone Number:	Alternate N	Number:	
Email Address:	DL Nu	mber:	State:
GENERAL INFORMATION			
Are you able to perform the essent applying (with or without reasonable	•	-	•
Have you been convicted of any fe past seven years? (A criminal remployment, but will be considered licensing in the position for which you If Yes, explain:	record or a conved only as it related only as it related ou are applying):	viction will not ntes to your abi	automatically bar lity to acquire the
Are you a Veteran?:		□ Yes	□ No
EDUCATION, TRAINING & CERTIFIC	CATION		
High School Diploma or GED? High School Attended: College or University Attended & Le College Degree? □ Yes □ N List any Degrees/Certifications earner	ocation:		□ 3 yrs □ 4 yrs
Do you have a CDL? Yes No		Endorsen	nents:

Examples include: classes (include dates), certificates, languages, current licenses, specific equipment and other skills: **EMPLOYMENT HISTORY** Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past FOUR employers. If currently employed, may we contact your employer? □ Yes □ No PRESENT OR MOST RECENT EMPLOYER Full Name of Company Telephone Number Street Address State City Zip Name of Supervisor Title of YOUR Position Dates of Employment: Salary/Hourly Rate: Start (Mo/Yr): Begin: End: End (Mo/Yr): List Jobs Held, Duties Performed, Skills Used, & Promotions While Employed At This Company: Reason for Leaving: Full Name of Company Telephone Number Street Address City State Zip Title of YOUR Position Name of Supervisor Dates of Employment: Salary/Hourly Rate: Start (Mo/Yr): End (Mo/Yr): Begin: End: List Jobs Held, Duties Performed, Skills Used, & Promotions While Employed At This Company: Reason for Leaving: Full Name of Company Telephone Number Zip Street Address State City Title of YOUR Position Name of Supervisor Dates of Employment: Salary/Hourly Rate: Start (Mo/Yr): End (Mo/Yr): Begin: End: List Jobs Held, Duties Performed, Skills Used, & Promotions While Employed At This Company:

Reason for Leaving:

ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION

Full Name of Company	Telephone Number			
Street Address		City	State	Zip
Name of Supervisor		Title	e of YOUR Position	
Dates of Employment:		Salary/Hourly Rate:		
Start (Mo/Yr):	End (Mo/Yr):	Begin:	End:	
List Jobs Held, Duties Performed,	, Skills Used, & Promotion	s While Employed At Th	is Company:	
Reason for Leaving:				

REFERENCES (PREFERABLY PERSONS WHO KNOW ABOUT YOUR WORK/TRAINING)			
Name	Address	Phone Number	
Name	Address	Phone Number	
Name	Address	Phone Number	

Applicant's Certification and Release

I certify that I have received, read and understand the job description associated with the position for which I am applying.

I certify that all the information provided by me in connection with my application is true and complete, without evasion, and I further understand and agree that such statements may be investigated and misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, immediate termination.

This application for employment shall be considered active, for periods of time not exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In connection with my application for employment with the City of Gladewater, I understand and agree that investigative inquiries are to be made on myself including, but not limited to criminal convictions, motor vehicle history, educational transcripts, and other reports of any nature and type, including information in the public domain. These reports will include information as to my character, work, habits, performance, and experience together with reasons for termination of past employment.

I understand and agree that the City of Gladewater can and will be requesting information from various federal, state, and other agencies that maintain records concerning my past activities related to my driving, credit, criminal, education, and other experiences. I authorize without reservation all corporations, companies, credit agencies, persons, educational institutions, law enforcement agencies, and former employers to release information they may have about me, and release them from any liability and responsibility for doing so; further, I authorize the procurement of an investigative consumer report related to me and acknowledge my understanding that such report may contain information as to my background, mode of living, character, and personal reputation.

This authorization, in original and copy form, shall be valid for this and any future reports that may be requested.

I hereby authorize investigation of all statements made by me with no liability arising there from.

Printed Name:	Date:		
Signature:			