

ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION

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	City	State	Zip
Name of Supervisor		Title of YOUR Position	
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	
Street Address	City	State	Zip
Name of Supervisor		Title of YOUR Position	
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	
Street Address	City	State	Zip
Name of Supervisor		Title of YOUR Position	
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	
Street Address		City	State Zip
Name of Supervisor		Title of YOUR Position	
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:			

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: _____