



## Employment Application

P.O. Box 1725, 519 E. Broadway, Gladewater, Texas 75647  
Phone: 903-845-2196 Fax: 903-845-6891

**Application must be filled out completely for consideration of employment.**

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_/\_\_\_/\_\_\_

How Did You Learn About This Position?

- Employment Agency       Relative       Other: \_\_\_\_\_  
 Friend       Walk-in

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Mailing Address: \_\_\_\_\_  
ADDRESS CITY STATE ZIP

Physical Address: \_\_\_\_\_  
(If different) ADDRESS CITY STATE ZIP

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ DL Number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### GENERAL INFORMATION

Are you able to perform the essential job functions of the position for which you are applying (with or without reasonable accommodation)?     Yes       No

Have you been convicted of any charges other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it relates to your ability to acquire the licensing in the position for which you are applying):  
 Yes       No

If yes, explain: \_\_\_\_\_

Are you a Veteran?     Yes       No

### EDUCATION, TRAINING & CERTIFICATION

High School Diploma or GED?     Yes     No

High School Attended: \_\_\_\_\_

College or University Attended & Location: \_\_\_\_\_

College Degree?     Yes     No    Completed:     1 yrs     2 yrs     3 yrs     4 yrs

List any Degrees/Certifications earned: \_\_\_\_\_

Do you have a CDL?     Yes     No    CDL Type: \_\_\_\_\_ Endorsements: \_\_\_\_\_



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### 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(S)			
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:			



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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

*City of Gladewater provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state, or local laws.*



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### 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 that do not exceed 60 days. Any applicant wishing to be considered for employment beyond this time period you 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 copied 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: \_\_\_\_\_