

APPLICATION FOR EMPLOYMENT

CITY OF GLENN HEIGHTS
1938 S. HAMPTON ROAD
GLENN HEIGHTS, TEXAS 75154
(972) 223-1690 x 206

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:	Date of Application
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How Did You Learn About Us?

Advertisement Relative Inquiry

Employment Ad Friend Other _____

Last Name	First Name	Middle Name
Address <i>Number</i> <i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Home Telephone Number	Cell Phone/Pager Number	Social Security Number (voluntary)

Best time to contact you?..... _____

Have you ever been employed with the City of Glenn Heights before?..... Yes No

Do any of your relatives work for the City of Glenn Heights?..... Yes No

Are you currently employed?..... Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?..... Yes No

Date available to work ____/____/____ What is your desired salary range? _____

Are you available to work: Full-time (please indicate 1 2 3 shift)

 Part-time (please indicate days/shifts you could work _____)

 Temporary (please indicate dates available ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Have you ever been arrested and/or convicted of a crime? (Other than a traffic violation) Yes No

If yes, please explain _____

THE CITY OF GLENN HEIGHTS IS AN EQUAL OPPORTUNITY EMPLOYER. APPLICANTS MUST PASS A DRUG/ALCOHOL SCREEN AND BACKGROUD INVESTIGATION PRIOR TO EMPLOYMENT

EDUCATION

	Name & address of school	Course of study	No. of Years Completed	Did you Graduate?	Diploma Degree
High School					
Undergraduate College					
Graduate Professional					
Other (Specify)					

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status. Please go back for minimum of 10 years.

1.	Employer		Dates Employed From To		Work Performed
	Address				
	Telephone Number(s)				
	Job Title	Supervisor	Starting Salary	Ending Salary	
	Reason for Leaving				
2.	Employer		Dates Employed From To		Work Performed
	Address				
	Telephone Number(s)				
	Job Title	Supervisor	Starting Salary	Ending Salary	
	Reason for Leaving				
3.	Employer		Dates Employed From To		Work Performed
	Address				
	Telephone Number(s)				
	Job Title	Supervisor	Starting Salary	Ending Salary	
	Reason for Leaving				
4.	Employer		Dates Employed From To		Work Performed
	Address				
	Telephone Number(s)				
	Job Title	Supervisor	Starting Salary	Ending Salary	
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Check Skills/Equipment Operated)

___ Terminal	___ Spreadsheet	Production/Mobile Machinery (list)	Other (List)
___ PC/MAC	___ Word Processing	_____	_____
___ Typewriter	___ Shorthand	_____	_____
WPM ___	WPM ___	_____	_____

State any additional information you feel may be helpful to us in considering your application.

REFERENCES (Please do not include relatives or former employers)

	Name	Address	Phone #	Relationship
1.				
2.				
3.				

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of six (6) months. 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 the City of Glenn Heights 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 the City Manager of the City of Glenn Heights.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Glenn Heights.

Signature of Applicant

Date

CITY OF GLENN HEIGHTS

APPLICANT FLOW SHEET

The following voluntary information in no way affects you as an individual applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in the validation of our selection methods. The following information is not to be used in hiring or interviewing. It will be available only to authorized personnel for research and evaluation purposes. Refusing to provide this information will not subject you to adverse treatment.

Social Security Number _____ Date of Birth _____

Last Name _____ First Name _____ Middle Initial _____

Texas Drivers License No. _____ Expiration Date _____

Of the following, which racial/ethnic group do you consider yourself a member

- | | |
|---|-----------------------------|
| 1. Hispanic _____ | 4. Black/Non-Hispanic _____ |
| 2. American Indian/Alaskan Native _____ | 5. Caucasian/White _____ |
| 3. Asian/Pacific Islander _____ | 6. Other _____ |
| | 7. Gender M ___ F ___ |

WAIVER

I do hereby authorize a review and a full disclosure of any and all records concerning myself to any duly authorized agent of the City of Glenn Heights, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of my work record, school record, my reputation, or my financial and credit status. You may include all my medical, physical and mental records or reports including all information of a confidential or privileged nature, and photocopies of the same if requested. This information is to be used to assist the City of Glenn Heights in determining my qualifications and fitness for the position I am seeking.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested above.

Signature of Applicant

Date

The City of Glenn Heights Consumer Report Disclosure Form

The City of Glenn Heights may, with your consent, obtain a consumer report (as defined by the Fair Credit Reporting Act) from Imperative Information Group, Inc., a Consumer Reporting Agency, related to your prospective, current, or future employment. This may include procurement of an investigative consumer report (defined as a report that includes information as to your character, general reputation, personal characteristics, or mode of living).

You may request that the nature and scope of any investigative consumer report be disclosed to you. Such disclosure will be made within 5 days of our receipt of the request from you or five days after the date the investigative consumer report was first requested, whichever is later.

By signing below, you grant permission to The City of Glenn Heights or any of its affiliated or subsequent companies to obtain such report or reports at any time. You also grant permission to all parties to release information regarding your previous or current military service, employment, education, or criminal matters to Imperative Information Group, Inc., including information which may be deemed negative.

For California, Minnesota, or Oklahoma applicants only:

I request a copy of my consumer report be sent to the home address listed below.

Signature

Date

Identity Information

First Name:

Middle Name:

Last Name:

Current Home Address:

City: State: ZIP:

Other Names Used:
(maiden names or aliases)

Social Security Number: - -

Drivers License State: Number:

Date of Birth: Month: Day: Year:

Please list each city/county and state in which you have lived, worked, or attended school during the last ten years. Use a second form if necessary to provide full disclosure.

City: OR County: State:

City: OR County: State:

City: OR County: State:

City: OR County: State:

City: OR County: State:

City: OR County: State: