

APPLICATION FOR EMPLOYMENT

An Equal Opportunity/Affirmative Action Employer

If you need assistance in completing the employment application, please inquire at the personnel office. Furthermore, this employer conducts pre-employment qualification testing and personal interviews in the application process. If you believe you will require reasonable accommodation (e.g., interpreter, TDD, scheduling adjustments) for pre-employment testing or a personal interview, you must notify the personnel office at least 24 hours prior to the scheduled test or interview.

PERSONAL DATA:

(Last Name) (First Name) (Initial)

(Street Address, RFD, or P.O. Box)

(City) (State) (Zip Code)

Phone number: () Social Security Number:

Position applied for: Email Address:

When would you be available to start work?

Check each type of work you will accept: Regular Temporary Part-Time Full-Time

Have you filed an application here before? Yes No If yes, date:

Have you ever been employed here before? Yes No If yes, date:

What is your proficiency in English? Read Speak Write

What is your proficiency in Spanish? Read Speak Write

Are you or your spouse related to any elected official or employee of the City? Yes No

If yes, list the name(s) of relatives and their relation to you:

Minimum acceptable salary: \$ per Hour Week Month Year

EDUCATION AND TRAINING:

List each position held, beginning with your present or most recently completed program.

Name of Schools Attended and Location	Dates Attended From To	Average Grades	Major Field	Degree Received

SKILLS:

Computer: Windows-PC, _____ wpm Software Proficiency: Microsoft Word
 Macintosh, _____ wpm Microsoft Excel
 Other computer, _____ Microsoft PowerPoint
Equipment : Standard business copier(s) Microsoft Publisher
 Calculator (by touch) Microsoft Outlook
 Other equipment Microsoft OneNote
Specify _____ Microsoft Access
_____ Other software,
_____ Specify: _____

Please list any other job-related special training or interests: _____

EMPLOYMENT EXPERIENCE:

List each position held, beginning with your present or most recent assignment and work backward. If you need additional space, please continue on separate sheet(s) of paper. Attach additional sheets as necessary. **A resume may be submitted to supplement this information, but the information below must still be completed.**

May we contact your present employer? Yes No

Employer:	Address:	Dates: From	To
Job Title:	Summary of Job Duties:	Supervisor:	
Reason for Leaving:		Starting Salary:	Ending Salary:
Employer:	Address:	Dates: From	To
Job Title:	Summary of Job Duties:	Supervisor:	
Reason for Leaving:		Starting Salary:	Ending Salary:
Employer:	Address:	Dates: From	To
Job Title:	Summary of Job Duties:	Supervisor:	
Reason for Leaving:		Starting Salary:	Ending Salary:
Employer:	Address:	Dates: From	To
Job Title:	Summary of Job Duties:	Supervisor:	
Reason for Leaving:		Starting Salary:	Ending Salary:

ADDITIONAL INFORMATION:

By law, you must be authorized to work in the United States in order to be employed by this employer. If you are one of the following, please check this box:

- A citizen or a national of the United States
- An alien lawfully admitted for permanent residence.
- An alien authorized by the Immigration and Naturalization Service to work indefinitely in the United States.

Have you ever been convicted of a felony or other crime? Yes No

If yes, please explain on reverse side of page. (You may omit convictions for minor traffic violations unless the position for which you are applying requires the operation of a motor vehicle. Conviction will not result in your automatic disqualification for employment. The seriousness of the crime, the date of conviction, and the relevance of the crime to this position will be considered.)

If the position for which you are applying requires operating a motor vehicle, do you have a valid Texas driver's license?

Yes No If yes, license number: _____

If yes, type of license: Operator Commercial, Type _____ Chauffeur

REFERENCES:

List three persons not related to you who are qualified to describe your capabilities for the position you seek.

Name	Address	Phone	Occupation

AUTHORIZATION AND CERTIFICATION:

I hereby authorize the City of Hillsboro to obtain and review all of my employment, educational, military, and criminal records. In addition, I authorize the City of Hillsboro to obtain and review information regarding my financial status and general reputation.

I certify that the statements and information contained herein are true, complete, and correct to the best of my knowledge, and I authorize any former employer to release to the City of Hillsboro or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents verifying my identity and eligibility for employment. In addition, I understand that, if selected for an interview, true copies of all degrees, certificates, or licenses listed on this application will be required before an employment decision can be made. A photocopy of this authorization shall be as valid as the original.

I understand and agree that employment will be contingent upon me satisfactorily passing a drug and alcohol test as well as a physical exam. Further, I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, and that intentional misrepresentation on my application or during the interview process will subject me to immediate discharge. I also understand that only written representations and promises of this employer will be enforceable.

Signature of Applicant: _____

Date: _____

**AUTHORIZATION FOR DRIVER LICENSE AND
CRIMINAL HISTORY REVIEW**

Please complete the information requested below. List any other names you have used in the past, including maiden name.

Current Name _____

First Middle Last

Other Names _____

First Middle Last

First Middle Last

Other Information _____

Date of Birth _____

Driver License Number _____

State _____

Authorization _____

I hereby authorize the City of Hillsboro to obtain and review my driver license and criminal history.

Applicant's Signature

Date

**DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)**

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	