

**CITY OF OVILLA**  
**APPLICATION FOR EMPLOYMENT**

105 Cockrell Hill Road, Ovilla, Texas 75154  
Phone 972.617.2489 Fax 972.515.3221

**An Equal Opportunity Employer**

IMPORTANT: Please complete all questions fully and accurately. If an item doesn't apply to you, please enter "NA". False or missing information is cause for rejection or dismissal. Comments such as "See Resume" are unacceptable - a resume may be attached, but will not substitute for an application. **Please print** in ink or type and note that neatness is important.

Date: \_\_\_\_\_ Exact Position Applying for: \_\_\_\_\_

\_\_\_\_\_ Last Name First Name Middle Name Social Security Number

\_\_\_\_\_ Street Address City State Zip Code

\_\_\_\_\_ Home Phone # Work or Message # E-Mail Address

If offered the position, will you accept the current starting salary? Yes \_\_\_ No \_\_\_

If no – What is the minimum salary you would accept? \_\_\_\_\_

How did you learn about this opening? \_\_\_ City Hall Bulletin Board \_\_\_ Dallas Morning News \_\_\_ Job Line  
\_\_\_ Current Employee \_\_\_ City Website \_\_\_ Other – *please explain* \_\_\_\_\_

Have you ever worked for the City of Ovilla? Yes \_\_\_ No \_\_\_

If yes, please provide the following: Title \_\_\_\_\_ Dept \_\_\_\_\_ Year \_\_\_\_\_

Are you or your spouse related to an Ovilla city employee, Council Member, or Mayor? Yes \_\_\_ No \_\_\_

If yes, please give name, department, and relationship \_\_\_\_\_

Have you had any convictions, probations, or deferred adjudications for a felony offense, or any offense involving moral turpitude (i.e., theft, fraud, perjury), or do you have pending criminal charges for any felony offense, or any offense involving moral turpitude? *An affirmative response will not automatically disqualify an applicant.*

Yes \_\_\_ No \_\_\_ *If yes, please attach a statement of explanation, including charge(s) and date(s) of offense(s).*

**Education**

Circle highest grade completed 7 8 9 10 11 12 Did you graduate? Yes \_\_\_ No \_\_\_ GED \_\_\_

College Name \_\_\_\_\_ Did you graduate? Yes \_\_\_ No \_\_\_

Degree Type? \_\_\_\_\_ # of hours \_\_\_\_\_ GPA \_\_\_\_\_

Graduate School Name \_\_\_\_\_ Did you graduate? Yes \_\_\_ No \_\_\_

Degree Type? \_\_\_\_\_ # of hours \_\_\_\_\_ GPA \_\_\_\_\_

Business/Trade School \_\_\_\_\_ Did you graduate? Yes \_\_\_ No \_\_\_

Describe any course or programs which relate to this position: \_\_\_\_\_

List any Licenses and Certifications acquired or Professional Associations to which you currently belong: \_\_\_\_\_

Served in the U.S. Armed Forces? Yes \_\_\_ No \_\_\_ Discharge Type \_\_\_\_\_ Date \_\_\_\_\_

Are you **under** 18 years old? Yes \_\_\_ No \_\_\_ If yes, give date of birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ Type \_\_\_\_\_ State \_\_\_\_\_

**Regarding the next three questions, an affirmative response will not automatically disqualify an applicant.**

In the last 3 years, has your driver's license been suspended, revoked, placed on probation or denied insurance?

Yes \_\_\_\_ No \_\_\_\_ *If yes, please attach a statement of explanation with date(s).*

Have you had any convictions, probations or deferred adjudications for traffic citations in the last 3 years?

Yes \_\_\_\_ No \_\_\_\_ *If yes, please attach statement of explanation with date(s) and short description of each traffic citation..*

In the last 3 years have you been convicted of Driving while Intoxicated (DWI) or Driving Under the Influence

of Drugs (DUID)? Yes \_\_\_\_ No \_\_\_\_ *If yes, please attach a statement of explanation with date(s).*

Computer Skills  Windows  Microsoft Word  Excel  Access  Others \_\_\_\_\_

Explain skill level \_\_\_\_\_

Machines or Equipment Operated \_\_\_\_\_

Please explain any lapses in employment \_\_\_\_\_

Have you ever been fired or asked to resign from a job? Yes \_\_\_\_ No \_\_\_\_

Have you failed or refused to take a drug test in the last year? Yes \_\_\_\_ No \_\_\_\_

Do you possess the legal right to work in the U.S.A.? Yes \_\_\_\_ No \_\_\_\_

Additional information which may be related to this job \_\_\_\_\_



**Employment History**

List below current and previous employers for at least the last ten (10) years, starting with the most recent first.

Attach additional sheet if needed. *Please complete all items - "SEE RESUME" IS NOT ACCEPTABLE.*

Job Title	Supervisor	Phone #
Employer	Address	
Dates Employed (Month/Year) Begin: / End: /	Salary Begin: End:	Full Time ____ Part Time ____
Reason for Change or Leaving		
Job Duties – Be specific		
May we contact?		

Job Title	Supervisor	Phone #
Employer	Address	
Dates Employed (Month/Year) Begin: / End: /	Salary Begin: End:	Full Time ____ Part Time ____
Reason for Leaving		
Job Duties – Be specific		



Job Title	Supervisor	Phone #
Employer	Address	
Dates Employed (Month/Year) Begin: / End: /	Salary Begin: End:	Full Time ____ Part Time ____
Reason for Leaving		
Job Duties – Be specific		



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Reason for Leaving		
Job Duties – Be specific		

Job Title	Supervisor	Phone #
Employer	Address	
Dates Employed (Month/Year) Begin: / End: /	Salary Begin: End:	Full Time ____ Part Time ____
Reason for Leaving		
Job Duties – Be specific		

### References

List three (3) personal references other than relatives or employers listed above:

Name	Address	Phone #
Name	Address	Phone #
Name	Address	Phone #

**REVIEW YOUR ANSWERS CAREFULLY AND READ THE STATEMENT BELOW BEFORE SIGNING.**

I represent and warrant that the answers I have given are accurate and complete to the best of my knowledge and belief. I acknowledge that I have read and understood the questions regarding criminal records and that I have answered the questions fully and truthfully. I understand that failure to answer all questions fully and truthfully may result in disqualification or dismissal.

I expressly request former employers and any persons who may have information concerning me to furnish such information to the City of Ovilla, agree to hold such persons harmless, and I do hereby release them from any and all liability for damage of any nature whatsoever for furnishing such information.

Should the City of Ovilla employ me, I agree that my employment shall be in accordance with the terms of the policies of the City of Ovilla and any amendments thereto. I understand that my employment is not for a specific term and can be terminated by me or the City at any time, for any reason, or no reason at all, with or without cause. Without limitation, failure to abide by City policies and procedures or the falsification or omission of any information given by me in this application will entitle the City to reject the application, revoke any offer made, or terminate my employment after being hired. I agree to cooperate in any investigation by giving true and complete answers to all questions and by complying with all other requests for assistance. I understand that employment with the City of Ovilla is conditional upon successfully passing a background check and drug test. My signature below also represents my authorization and consent for the City of Ovilla, including its agents and representatives, to request and obtain a criminal history check and a Motor Vehicle consumer report (MVR) in accordance with the Fair Credit Reporting Act. This authorization shall remain in effect for the length of my employment.

If hired, I agree and acknowledge that I will be employed pursuant to the employment at-will doctrine, that any oral representations that may be made during the application or hiring process, or during subsequent employment, are not binding against the City of Ovilla, and that any offer of employment may be revoked at any time and for any reason.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

We are interested in finding out what kind of job we are doing as an equal opportunity employer and this questionnaire is used only for that purpose. Completing this portion is completely voluntary on your part. Failure to complete the following questions will not disqualify you from consideration. The information on this page will be immediately detached from your application, is not used in hiring decisions, and will not be a part of your personnel records. Qualified applicants are considered for employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

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Name Date

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Zip code of your residence Date of Birth Sex  Male  Female

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Title of Position applied for

**Race/Ethnic Data**

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Caucasian (Non-Hispanic) | <input type="checkbox"/> Asian or Pacific Islander         | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black                    | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Spanish  |

**Disabled/Veteran Classification(s)**

- |  |   |
|--|---|
| <input type="checkbox"/> Disabled Veteran? | <input type="checkbox"/> Vietnam Era Veteran? |
|--|---|