

City of Ovilla

Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

Instructions: It is important that you answer all questions on this application fully and accurately. Failure to do so may delay its consideration and could mean loss of employment opportunities. If an item does not apply to you, or if there is no information to be given, please write in the letters "N/A" for Not Applicable. Please print in blue or black ink or type.

The City of Ovilla considers all applicants for employment without regard to race, color, religion, ethnicity, gender, national origin, age, physical handicap, or any other protected status or classification in accordance with state and federal laws. The City of Ovilla also provides "reasonable accommodations" to qualified individuals with known disabilities, in accordance with the Americans with Disabilities Act.

Position Applying For: _____ Date: _____
(Position Title Stated on Job Announcement)

PERSONAL INFORMATION:

Name: _____ Social Security Number: XXX-XX-_____
Last First Middle Last 4 numbers only

Address: _____
Number Street City State Zip Code

Home Phone Number: (____) _____ Cellular or Best Phone Number: (____) _____

E-mail address: _____

Type of work you will accept: Full-time Part-time Temporary Shift Work Night Work Weekend Work

Date available to start work: _____ Are you willing to work overtime as necessary? Yes No

Have you ever been employed by the City of Ovilla? Yes No If yes, position held? _____

Department? _____ Period of employment? From: _____ to _____

Do you have relatives working for the City of Ovilla or serving on the City Council? If Yes No

yes, whom? _____ Relationship? _____

CITIZENSHIP:

Are you a U. S. Citizen? Yes No If no, do you have the legal right to work in the United States? Yes No

It will be necessary to submit documents as required by law to verify your identification and employment authorization upon employment.

EDUCATION AND TRAINING:

Your educational record will be considered only to the extent that it is relevant to the position sought. High school diploma or GED (Graduate Equivalency Diploma) and college transcript(s) are required for verification of education prior to employment.

High School Graduate? Yes* No GED? Yes No If GED, from what agency? _____

*Name/Address of High School: _____

Additional Education: List colleges, trades schools, or other form of training above the high school level.

Name of School(s) Attended	Address	Credit Hours	Type of Degree	Major Subject
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Computer skills: Word Excel PowerPoint Access Incode Other computer skills:

Machines or equipment operated:

Special licenses, certifications, or relevant training:

Please list any additional training, technical skills or professional knowledge that would support your application:

DRIVING AND CONVICTION RECORD:

Your driving record will only be considered to the extent you will be driving city vehicles or doing city business in your personal vehicle.

Type of License:

- Class C
- B-CDL
- C-CDL

Driver License Number State Expiration Date

Have you been issued a citation for any moving traffic violation(s) within the past three years for which you were convicted, served probation, took deferred adjudication or attended driving school? Yes No

If yes, please complete the following and attach additional sheet, if necessary:

Charge	Date	Location	Outcome
_____ Charge	_____ Date	_____ Location	_____ Outcome
_____ Charge	_____ Date	_____ Location	_____ Outcome

Have you ever been convicted of a crime other than a Class C traffic offense? Yes No

If so, please complete the following: (Note: Conviction will not automatically exclude you from employment.)

Charge	Date	Location	Outcome
_____ Charge	_____ Date	_____ Location	_____ Outcome

EMPLOYMENT HISTORY: List your employment experience, beginning with your current or last position and work back. Include military experience, part-time, temporary, seasonal positions and account for periods during which you were unemployed. This page may be copied if additional space is needed to account for all employment in the **last ten (10) years.**

Are you currently employed? Yes No If yes, can we contact your current employer? Yes No Later

Employer: _____ Dates of Employment: From: _____ / _____ To: _____ / _____

Address: _____ Phone Number: (____) _____
Number Street City State Zip Code

Position Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Supervisor's Name: _____ Supervisor's Title: _____

- Full-time
- Part-time
- Seasonal
- Temporary

Describe your duties:

Did you receive disciplinary action? Yes No If yes, Verbal warning(s) Written reprimand(s) Suspension(s)

Reason for leaving or wanting to leave? _____

Status of leaving: Voluntary resignation Resignation in lieu of termination Separation agreement Termination

Employer: _____ Dates of Employment: From: _____ / _____ To: _____ / _____

Address: _____ Phone Number: (____) _____
Number Street City State Zip Code

Position Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Supervisor's Name: _____ Supervisor's Title: _____

- Full-time
- Part-time
- Seasonal
- Temporary

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Address: _____ Phone Number: (____) _____
Number Street City State Zip Code

Position Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Supervisor's Name: _____ Supervisor's Title: _____

- Full-time
- Part-time
- Seasonal
- Temporary

Describe your duties:

Did you receive disciplinary action? Yes No If yes, Verbal warning(s) Written reprimand(s) Suspension(s)

Reason for leaving or wanting to leave? _____

Status of leaving: Voluntary resignation Resignation in lieu of termination Separation agreement Termination

EMPLOYMENT HISTORY (continued): List your employment experience, beginning with your current or last position and work back. Include military experience and account for periods during which you were employed.

Employer: _____ Dates of Employment: From: _____ / _____ To: _____ / _____

Address: _____ Phone Number: (_____) _____
Number Street City State Zip Code

Position Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

- Full-time
- Part-time
- Seasonal
- Temporary

Supervisor's Name: _____ Supervisor's Title: _____

Describe your duties:

Did you receive disciplinary action? Yes No If yes, Verbal warning(s) Written reprimand(s) Suspension(s)

Reason for leaving or wanting to leave? _____

Status of leaving: Voluntary resignation Resignation in lieu of termination Separation agreement Termination

Please explain any lapses in employment:

DISCIPLINARY HISTORY: List all disciplinary actions you have received while working, include employer name, approximate date, level of discipline (Verbal warnings, written reprimands, suspensions, demotions, terminations or other disciplinary action) and a brief explanation of the circumstances.

	<u>Employer</u>	<u>Date</u>	<u>Level of discipline</u>	<u>Explanation of circumstances</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

REFERENCES: List three (3) references, excluding relatives.

	Name	Occupation	Years Known	Telephone Number
1.	_____	_____	_____	(____)_____
2.	_____	_____	_____	(____)_____
3.	_____	_____	_____	(____)_____

ADDITIONAL INFORMATION: In the space below, you may provide any additional information that you feel may be helpful to the City in arriving at a decision concerning your qualifications for employment.

Optional Information:

MILITARY: Have you ever served in the U.S. Armed Forces? Yes No

If yes, give dates of service: From: _____ / _____ To: _____ / _____

Type of discharge: _____

List duties in the service, including special training that is relevant to the position for which you are applying:

CITY OF OVILLA
EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

To the Applicant: The commitment of the City of Ovilla to a policy of equal employment opportunity requires that certain information to be gathered and maintained for government record-keeping requirements only. This page will be detached from your application immediately upon receipt, and this information will not be used for making interviewing or hiring decisions.

PLEASE PRINT OR TYPE:

Position Applying For: _____ Date: _____
(Position Title Stated on Job Announcement)

Your Social Security Number: XXX-XX-_____
(Last 4 numbers only)

Date of Birth: _____ Male Female

Driver License (State & number) _____ Expiration Date: _____

Check Type of Driver License Held: A-CDL B-CDL Class C

Race/National Origin: (Check)

- | | |
|--|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> White | <input type="checkbox"/> Two or more races: please list single racial/ethnic group above with which you closely identify. |
| <input type="checkbox"/> Black or African American | |
| <input type="checkbox"/> Asian | |
- _____

Education Level: Check Highest Grade Completed:

Grade School	High School	College	Graduate School
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

How did you find out about this vacancy?

- Professional Organization Walk - In City Employee Friend or Relative City website Indeed.com TML

City of Ovilla
County of Ellis

Authority for Release of Information and Waiver

KNOW ALL MEN BY THESE PRESENTS:

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Ovilla, whether the said records are of public, private, or confidential nature. THIS AUTHORIZATION IS NOT TO INCLUDE ANY MEDICAL RELATED HISTORY OR WORKERS' COMPENSATION CLAIMS.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, excluding any medical malpractice cases or workers' compensation claims.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Ovilla. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person (s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature (Including maiden name)

Date of birth

Address

Social Security Number

City/State/Zip

Phone Number