



CITY OF HAWLEY EMPLOYMENT

APPLICATION

An Equal Opportunity Employer

Phone: 325-537-9528

POSITION/TITLE: _____ DATE AVAILABLE TO WORK: _____

PERSONAL DATA

NAME: _____ ***_**_
Last First Middle Last four of your SS#

CURRENT ADDRESS: _____
Number & Street City State Zip

List any other names used if different from name given on application: _____

PHONE: HOME: () _____ WORK: () _____

EMAIL ADDRESS: _____

EDUCATION & TRAINING

Circle Highest Grade Level: 1 2 3 4 5 6 7 8 9 10 11 12 High School Diploma or G.E.D Yes No

Type of School	Name & Location of School	Sem/Clock Hours Completed	Graduated		Expected Graduation Date	Type Of Diploma or Degree	Major/minor Field of Study
			Yes	No			
Colleges or Universities							
Technical, Vocational or Business School							

If license, certificate or other authorization is required/related to position for which you are applying, complete the following:

License/Certification	Date issued	Issued By (State Or other authority)	License Number	Location of Issuing Authority (city or state)

Special Training: List any special training program or courses you have attended which you feel may add to your qualifications. List course, date and institution (including military training).

COURSE TITLE

DATE

GRANTING INSTITUTION

SPECIAL SKILLS/QUALIFICATIONS: List special skills or qualifications (not listed above) you possess which you believe further qualify you for the position for which you are and applicant (include computer languages, types of computers and computer software, word-processing, typing speed, 10-key calculator, specialized equipment or machines, tools, vehicles, heavy equipment or memberships).

GENERAL INFORMATION

Driver's License: State: _____ Number: _____ Expiration Date: _____

Type of driver's license:

- Class A
 Class B
 Class C
 Class M
 Class A Commercial
 Class C Commercial

CDL Endorsement(s):

- Tank Vehicle
 Double/Triple Trailer
 Hazardous Materials
 Passenger

DISMISSALS AND/OR FORCED RESIGNATIONS: Have you ever been fired or forced to resign from any position? (Check one) Yes No If answer is Yes to either or both of these questions, please explain below.

Have you ever been convicted of a **MISDEMEANOR OR FELONY** and/or fined or given a suspended sentence such as deferred adjudication in court? List all cases other than minor traffic violations. **PLEASE NOTE:** A full disclosure by you is to your advantage as your record does not constitute an automatic bar to employment. Factors such as, but not limited to, age at the time of the offense(s) and recency of offense(s) as well as the relationship between the offense(s) and the job(s) for which you apply will be taken into account **HOWEVER, FAILURE TO SUBMIT CONVICTIONS WILL RESULT IN DISQUALIFICATION OF YOUR APPLICATION FOR ONE YEAR.**

(Check one) Yes No If Yes, please provide the following:

Date: ___ / ___ / ___ Charge: _____ City/State: _____

Disposition: _____

Date: ___ / ___ / ___ Charge: _____ City/State: _____

Disposition: _____

(If you need additional space, please attach a sheet listing information in the same format.

Include your printed name and signature.)

Have you ever been employed by the City of Hawley? (Check one) Yes No If Yes,

please indicate: Title of Position: _____

Department: _____ Dates of Employment: _____

Are you related to any person employed by the City of Hawley? (Check one) Yes No

If Yes, please indicate:

Name: _____ Relationship: _____

Department: _____ Position: _____

EMPLOYMENT HISTORY

In the space provided below, give your employment history beginning with your present or most recent employer. List each position held (even those with the same employer), include military, part-time, summer, volunteer work, and any periods of unemployment. Any explanation of any period of unemployment should be included on page 5.

Employer: _____	Start Date	End Date
Address/City/State: _____		
Phone: __ (____) _____ Job Title: _____		
Supervisor: _____ Title: _____		
Reason for Leaving: _____		
Briefly describe the natures and duties of your position: _____		

Employer: _____	Start Date	End Date
Address/City/State: _____		
Phone: __ (____) _____ Job Title: _____		
Supervisor: _____ Title: _____		
Reason For Leaving: _____		
Briefly describe the natures and duties of your position: _____		

Employer: _____	Start Date	End Date
Address/City/State: _____		
Phone: __ (____) _____ Job Title: _____		
Supervisor: _____ Title: _____		
Reason for leaving: _____		
Briefly describe the nature and duties of your position: _____		

Employer: _____	Start Date	End Date
Address/City/State: _____		
Phone: _(____)_____	Job Title: _____	
Supervisor: _____	Title: _____	
Reason for leaving: _____		
Briefly describe the nature and duties of your position: _____		

Explanation of any periods of unemployment between jobs:

GENERAL INFORMATION

I, the undersigned, certify that I have *read* and *fully understand* this form in its entirety and that the information provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or discharge from the City of Hawley service. In submitting this application, I authorize the City of Hawley to verify all data needed to support this application and to obtain references from my present and past employers. I further understand that this application becomes the property of the City of Hawley and will not be returned.

I also understand that I will have the right to terminate my employment with the City of Hawley at any time without notice and for any reason. I understand that the City of Hawley has the same right. If required for the position, I also understand that as a condition of employment I will be subjected to one or more of the following: driving record check, criminal history investigation, medical examination and/or a pre-employment drug-alcohol screening test. An employment offer received from the City is contingent upon information received.

Signature of Applicant

Date Signed

WE THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE CITY OF HAWLEY.

You may return your application as follows:

- 1.) Bring to City Hall located at 783 Ave. E
- 2.) Mail to City of Hawley P.O. Box 649 Hawley, TX 79525
- 3.) Fax to 325-537-9735, and mail the original in to #2.



CITY OF HAWLEY

DISCLOSURE AND AUTHORIZATION FORM

This disclosure is being provided to you pursuant to the Federal Fair Credit Reporting Act (FCRA), 15 U.S.C. 1681 and Federal Trade Commission Regulations contained in 16 C.F.R. Part 601, Appendix C.

By this document, the City of Hawley discloses to you that a consumer report, which may include your criminal history, driving record, and other background information, may be obtained for employment purposes as part of the pre-employment background investigation to evaluate your eligibility for hire and at any time during your employment.

I voluntarily and fully authorize the City of Hawley to obtain a consumer report as part of the hiring process. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the City of Hawley to obtain consumer reports at any time during my employment period.

Please sign below to signify that this information has been disclosed to you and you provide authorization to the City of Hawley.

Signature of Applicant

Date signed