

APPLICATION FOR EMPLOYMENT



City of Oak Ridge North
 27424 Robinson Road
 Oak Ridge North, Texas 77385
 Tel: (281) 292-4648
 Fax: (281) 367-7729

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 Agency Friend Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

Best time to contact you at home is: :..... ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? 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
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicate dates available ___/___/___ - ___/___/___)

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

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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.

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

ADDITIONAL INFORMATION

Other Qualifications

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

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

REFERENCES

1.	()	Phone #
(Name)		
(Address)		
2.	()	Phone #
(Name)		
(Address)		
3.	()	Phone #
(Name)		
(Address)		

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NAME: _____ POSITION: _____ DATE: ____ / ____ / ____

AUTHORIZATION AND RELEASE FOR BACKGROUND CHECK

In connection with my application for employment with the City of Oak Ridge North, I understand that the City will conduct a check of my background (“background check”) which may include obtaining copies of personnel files or other records or documents, credit information, information about criminal convictions, driving records, civil court records, educational transcripts and degrees, information about positions held, dates of employment, last rate of pay, work performance, disciplinary and attendance records, reliability, any instances of dishonesty, insubordination, threatening or intimidating behavior, unsafe or unlawful conduct and any other information the City may need to verify information about my background, the accuracy of information submitted by me during the application process and/or my suitability for employment with the City.

By signing below, I authorize the City and its authorized employees or agents to investigate my background and to investigate the accuracy and truthfulness of all information submitted by me during the application process. I authorize all persons involved in the hiring process to discuss and review the results of or information obtained during any such investigation. I further authorize all persons, businesses, current and former employers and supervisors, educational institutions, law enforcement agencies, motor vehicle departments, personal references, and/or other persons, city, state, county and federal courts contacted by the City to release to the City information they may have about me, my background and my suitability for employment with the City. This Authorization and Release does not apply to criminal records that have been properly expunged.

By signing below I release each person, employer, agency, business and organization who or which provides any information to the City from any and all claims, liability or damages related to providing or releasing information to the City pursuant to this Authorization and Release. I further release the City and each of its elected officials, officers, employees and agents from any and all claims, liability or damages related to any use or disclosure by the City, or purposes related to consideration of my application for employment and/or my employment with City, of any information obtained by reason of the background check conducted by City.

A photocopy or facsimile of this Authorization and Release shall be considered valid as through it were an original and may be relied on to provide or release information to City.

I have carefully read and understand this Authorization and Release and voluntarily agree to its terms to assist the City in conducting a through check of my background for the purpose of hiring honest, trustworthy, reliable, capable and nonviolent employees. I further understand that all information and documents acquired by the City in conducting its background check will be maintained as confidential by the City and will not be released by the City to me or to others except as may be required under the Fair Credit Reporting Act (“FCRA”) or other applicable laws. I acknowledge that the City has provided me with a summary of my rights under the FCRA.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF WITNESS

POSITION APPLIED FOR _____