

**APPLICATION
FOR EMPLOYMENT**

**CITY OF BROWNFIELD
201 W. BROADWAY
BROWNFIELD, TX 79316**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

| | |
|-------------------------|---------------------|
| Position(s) Applied For | Date of Application |
|-------------------------|---------------------|

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

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 _____

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? Yes No
Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Are you available for work: Full Time Part Time Shift Work Temporary
Can you travel if a job required it? Yes No

Will you work overtime if required? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain

Driver's License Number (If Job-Related) _____ State _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present job, include your last 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.

| | Dates Employed | | Work Performed |
|---------------------|---------------------------------|------------------------|--------------------|
| 1. Employer | From | To | |
| Address | <u>Hourly Rate/</u> Starting | <u>Salary</u> Final | |
| Telephone Number(s) | Supervisor | Job Title | Reason for Leaving |

| | Dates Employed | | Work Performed |
|---------------------|---------------------------------|------------------------|--------------------|
| 2. Employer | From | To | |
| Address | <u>Hourly Rate/</u> Starting | <u>Salary</u> Final | |
| Telephone Number(s) | Supervisor | Job Title | Reason for Leaving |

| | Dates Employed | | Work Performed |
|---------------------|---------------------------------|------------------------|--------------------|
| 3. Employer | From | To | |
| Address | <u>Hourly Rate/</u> Starting | <u>Salary</u> Final | |
| Telephone Number(s) | Supervisor | Job Title | Reason for Leaving |

| | Dates Employed | | Work Performed |
|---------------------|---------------------------------|------------------------|--------------------|
| 4. Employer | From | To | |
| Address | <u>Hourly Rate/</u> Starting | <u>Salary</u> Final | |
| Telephone Number(s) | Supervisor | Job Title | Reason for Leaving |

EDUCATION BACKGROUND (if job related)

A. List schools attended, starting with most recent. B. List number of years completed . C. Indicate degree or diploma earned, if any. D. Grade Point Average for Class Rank and E. Major and minor field of study (if applicable).

| A. School | B. Years Completed | C. Degree Diploma | D. GPA Class Rank | E. Major | F. Minor |
|-----------|--------------------|-------------------|-------------------|----------|----------|
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List any foreign language(s) you know and check the boxes that describe your skill level:

| Language | Speak Some | Speak Fluently | Read | Write |
|----------|------------|----------------|------|-------|
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Describe any job-related training received in the United States military.

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Other Qualifications

Summarize special job-related skills and qualifications gained from employment or other experiences. Please list any equipment or machinery you have operated.

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ADDITIONAL INFORMATION

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

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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 description of the activities involved in such a job or occupation is attached.

_____ Yes _____ No

References:

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

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employment may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that his "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

