

CITY OF SEYMOUR EMPLOYMENT APPLICATION

The City is an equal opportunity employer and does not discriminate in recruitment, hiring, training, promotion or other employment practices for reasons of race, color, religious creed, national origin, sex or on the basis of age.

The City also does not discriminate against Vietnam Veterans or handicapped persons. No question in this application is intended to secure information to be used in a discriminatory manner. Your replies to the questions in this application will be held in the strictest confidence and in accordance with the Texas Open Records Act.

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

DATE AVAILABLE: _____ **DESIRED PAY:** \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

HOW WERE YOU REFERRED TO US: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO*

IF NO, DO YOU POSSES A VALID ALIEN REGISTRATION CARD ? YES* NO

***IF YES, WHAT IS THE NUMBER:** _____

ARE YOU OF 18 YEARS OF AGE? YES* NO

***IF NOT, PLEASE LIST YOUR AGE:** _____

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DIPLOMA:** _____



COLLEGE: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

EMPLOYMENT

CURRENT / MOST PREVIOUS

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ **PHONE:** _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY **ENDING PAY:** \$ _____ HOUR SALARY

JOB TITLE: _____ **RESPONSIBILITIES:** _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

SUPERVISOR'S NAME: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ **PHONE:** _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY **ENDING PAY:** \$ _____ HOUR SALARY



JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

SUPERVISOR'S NAME: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

SUPERVISOR'S NAME: _____

ARE YOU PRESENTLY EMPLOYED: YES NO

IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

IF NO, PLEASE GIVE REASON: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____



E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

LIST ANY FAMILY MEMBERS OR RELATIVES YOU HAVE WORKING FOR THE CITY

NAME: _____ NAME: _____

LIST ANY RELATIVE OR KIN YOU HAVE THAT ARE MEMBER(S) OF THE CITY COUNCIL

NAME: _____ NAME: _____

MILITARY SERVICE

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____

TRAINING RECEIVED: _____ TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

BACKGROUND

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE EXPLAIN: _____

(Conviction of a crime is not an automatic bar to employment. The City will consider the nature of the offense, the date, and the relationship the offense and the position applied for.)

WOULD YOU BE WILLING TO TAKE A PHYSICAL EXAMINATION AT THE CITY'S EXPENSE IF OFFERED THE JOB? YES NO

HAVE YOU EVER BEEN EMPLOYED WITH THE CITY OF SEYMOUR? YES NO

IF YES, WHEN?: _____



DRIVING RECORD

PLEASE FILL OUT THIS SECTION IF THE JOB YOU ARE APPLYING FOR MAY REQUIRE DRIVING CITY OF SEYMOUR VEHICLES OR EQUIPMENT

DRIVER'S LICENSE NO: _____ STATE: _____ CLASS: _____

HAVE YOU HAD ANY TRAFFIC ACCIDENTS WITHIN THE PAST 3 YEARS? YES NO

IF YES, PLEASE LIST BELOW:

DATE OF ACCIDENT	NATURE OF ACCIDENT	INJURIES?	FATALITIES?
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

LIST ANY TRAFFIC VIOLATIONS YOU HAVE BEEN CONVICTED OF FOR THE PAST 3 YEARS OTHER THAN PARKING VIOLATIONS:

LOCATION (CITY, STATE)	DATE (MO/YR)	CHARGE/VIOLATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAVE YOU EVER HAD YOUR LICENSED SUSPENDED OR REVOKED? YES NO

IF YES, PLEASE EXPLAIN: _____

LIST THE VEHICLES OR MOTORIZED EQUIPMENT YOU HAVE DRIVEN: _____

EEO DATA SHEET

To enable the City of Seymour to meet federal government regulations, applicants are requested (but not required) to complete this personal data sheet. This information will be used solely for reporting purposes. It will not be used in any manner for screening or selection purposes for the position you have applied for. This information will be kept strictly confidential. Your voluntary cooperation in providing us with this information will be greatly appreciated.

Name: _____
 First Middle Last

Address: _____
 Street City State Zip

Position Applied For: _____



Date Applied: _____ Date of Birth: _____

Sex: _____ Male _____ Female

_____ American Indian or Alaskan Native. All persons having origin in any of the original peoples of North America.

_____ Asian or Pacific Islander. All persons having origins in any of the original people of the Far East, Southeast Asia, or the Pacific Islands. This area include, for example, China, Japan, Korea, the Philippine Islands, and Samoa. Also person from the Indian subcontinent, including people with national origins from Bangladesh, Bhutan, Indi, Nepal, Pakistan, Sukkim, and Sri Lanka.

_____ Black (not Hispanic origin). All persons having origins in any of the Black racial groups.

_____ Hispanic. All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture, regardless of race.

_____ White (not Hispanic origin). All persons having origins in any of the people of Europe and the Middle East.

OTHER:

_____ A Qualified Disabled Veteran. A person entitled to disability to disability compensation under law administered by the Veterans Administration for disability rated at 30% or more; a person whose discharge

_____ A Vietnam Era Veteran. A person who actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was released with an honorable discharge or released from active duty for a service-connected injury or disability.

_____ A Qualified Handicapped Individual. A person who has a physical or mental impairment which substantially limits one or more or that person's major life activities, or has a record of such impairment, and is capable(qualified) of performing a particular job with reasonable accommodation to his/her handicap.

DISCLAIMER

In submitting this application I understand and agree that the statements set forth in my application are true and that any misrepresentation or omission of fact herein may result in the rejection of my application or my dismissal if hired. I also understand that my employment is conditioned upon successful completion of a physical examination and/or any other test or exam the City may require at the City's expense. I also authorize the City the right to make a thorough investigation of my past employment, military service, educational background, personal references, driving record, criminal record, and any other statement contained in this application as may be necessary in arriving at an employment decision and release from liability all persons, companies, corporation, or agencies supplying such information. Furthermore, I understand and agree that this employment application, by itself or together with other City documents or policies, does not create a contract of employment. I also understand that I may voluntary leave or be terminated at any time, with or without cause.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

