

Application for Employment
City of Converse (“the City”)
An Equal Opportunity Employer

The City is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, disability or any other legally protected status in employment or the provision of services.

These instructions must be followed exactly. Read this entire form carefully. Please print neatly. If a question is not applicable, write “NA”. Use an additional page or the back of a page if more space is needed to give a complete answer.

By signing this Application, I understand and agree that:

- A. I authorize the City to conduct a check of my references, my background and to investigate all information provided during my application process and, if I become employed, after my employment. A poor credit history or conviction will not automatically result in disqualification from employment;
- B. Employment, if offered and accepted, is subject to an acceptable result of a background check;
- C. This Application is the property of the City and any misrepresentation, falsification or omission of information is cause for non-consideration or, if I become employed, cause for termination of employment;
- D. This Application is not a contract and employment with the City is at-will. This means if I become employed, the City or I may terminate my employment at any time and for any or no cause; and
- E. I waive all legal rights and causes of action arising out of a background check conducted by or at the request of the City, including investigation into my employment history, reputation, education, and credit history.

Application received by: _____	
Date: _____	Time: _____
Signature: _____	

SPECIAL QUALIFICATIONS AND SKILLS (cont)

LIST ANY SPECIAL MACHINERY OR EQUIPMENT THAT YOU CAN OPERATE.

LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS.

MILITARY HISTORY (Must attach a copy of your DD 214)

MILITARY STATUS CURRENTLY ACTIVE DUTY HAVE BEEN DISCHARGED YES NO HONORABLE DISCHARGE YES NO

WHAT BRANCH _____ SERVED FROM _____ TO _____

WHAT IS YOUR RESERVE STATUS? _____ HIGHEST RANK: _____

DRIVING HISTORY

List traffic citations you have received in the last three (3) years (in this or any other state/country) excluding parking tickets. Include all moving violations, seat belt, no insurance, inspection/registration, etc, and list the disposition of each, such as dismissed, paid fine, defensive driving, etc.

MONTH/YEAR	CHARGE	CITY/STATE	POLICE AGENCY	DISPOSITION

If you have been convicted of driving while intoxicated or under the influence, please explain. _____

Has your DL ever been suspended or revoked for any reason (in this or any other state/country?) YES NO

If yes give date, location and reason: _____

Name of Automobile Insurance Co. _____

List all accidents in which you have been involved as a driver during the past three (3) years in this or any other state/country.

MONTH/YEAR	NATURE	# OF FATALITIES	# OF INJURED

ARREST/DETENTION/LITIGATION HISTORY

Have you been arrested, detained by police, taken into police custody, summoned into court or convicted of any offense against the law other than for a traffic violation? YES NO If yes complete below.

MONTH/YEAR	CHARGE	CITY/STATE	POLICE AGENCY	DISPOSITION

Have you ever been arrested or taken into police custody for outstanding warrants? YES NO

Have you ever been involved as a party in civil litigation? YES NO If yes to either, give details: _____

Is there anything that we have not asked that you would like to tell us about your past history? _____

EMPLOYER	ADDRESS	
JOB TITLE	SUPERVISOR	PHONE NUMBER
DATES EMPLOYED (MONTH/YEAR) BEGIN: / END: /	SALARY BEGIN: END:	FULL TIME _____ PART TIME _____
REASON FOR CHANGE OR LEAVING		
JOB DUTIES - BE SPECIFIC		
MAY WE CONTACT YES <input type="checkbox"/> NO <input type="checkbox"/>		

EMPLOYER	ADDRESS	
JOB TITLE	SUPERVISOR	PHONE NUMBER
DATES EMPLOYED (MONTH/YEAR) BEGIN: / END: /	SALARY BEGIN: END:	FULL TIME _____ PART TIME _____
REASON FOR CHANGE OR LEAVING		
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MAY WE CONTACT YES <input type="checkbox"/> NO <input type="checkbox"/>		

EMPLOYER	ADDRESS	
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DATES EMPLOYED (MONTH/YEAR) BEGIN: / END: /	SALARY BEGIN: END:	FULL TIME _____ PART TIME _____
REASON FOR CHANGE OR LEAVING		
JOB DUTIES - BE SPECIFIC		
MAY WE CONTACT YES <input type="checkbox"/> NO <input type="checkbox"/>		

REFERENCES

List three (3) personal references other than relatives or employers listed above:

NAME	ADDRESS (INCLUDE CITY AND STATE)	PHONE NUMBER
NAME	ADDRESS (INCLUDE CITY AND STATE)	PHONE NUMBER
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I certify that I have fully and accurately answered all questions and have given all information requested in this Application for Employment.

I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal.

I understand that all such information is subject to verification by the City, and hereby give my consent to the City to investigate my background and qualifications using any means, sources, and outside investigators at its disposal.

Finally, I understand that submission of this Application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at-will, and either I or the City may terminate my employment at any time, with or without notice or reason.

I have read and understand this Application for Employment and the attached Job Description and I can perform the essential job duties with or without reasonable accommodations. Y N

Applicant's Signature

Date Signed

XXX-XX-_____
**Social Security Number
(Last Four Digits)**

Application Filled Out By:

Print Name: _____

Signature: _____

Date: _____

City of Converse
AUTHORIZATION TO RELEASE INFORMATION and WAIVER
("Authorization and Waiver")

- I. By signing below, I hereby authorize my prior employers to release any and all information relating to my employment and/or association with them to the City of Converse and its representatives and/or agents. A facsimile or copy of this Authorization has the same force and effect as an original document.
- II. I further release and hold harmless my previous employers, the City of Converse and its employees, officials, representatives and/or agents from any and all liability that may result from the release and/or use of such information.
- III. I understand that any information released by my prior employers will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.
- IV. The information referred to in paragraph I above concerning me, includes but is not limited to information relating to my reputation, education, previous or current employment, financial condition, criminal history, driving record, and credit history/status. This information will be used to assist the City of Converse in determining my qualifications and fitness for a job with the City of Converse.
- V. This Authorization and Waiver is continuing and the City of Converse, its representatives and/or agents, may obtain such information and reports at any time throughout my employment for the purposes set forth above, including the evaluation of my eligibility for employment or continued employment.

Acknowledgement and Agreement

By signing below, I acknowledge that I have read this *Authorization and Waiver* and agree to its terms.

Applicant's Signature _____

Printed Name: _____ Date Signed: _____

Address: _____

Drivers License: State Issued _____ Number _____ Class _____

Social Security Number _____ Date of Birth _____

Personal email address: _____

Primary phone: _____