

# City of Gatesville Application for Employment

110 N. 8<sup>th</sup> Street, Gatesville, TX 76528 \* Fax # 254-865-8320

**INSTRUCTIONS:** Answer each question clearly and completely. **If questions are not applicable, enter "NA". Do not leave questions blank.** Be sure to sign when completed. Incomplete applications will not be considered. If more space is required for any question, please attach additional sheets as necessary. Resumes will not be accepted in lieu of an application; you may attach a resume to this completed application. This application will only be considered for the position applied for. To be considered for other positions you will need to complete an additional application per position. The City of Gatesville is an Equal Opportunity Employer and all applicants will receive consideration without regard to race, color, religion, national origin, gender, sexual orientation and/or gender identity, age, and veteran or disability status.

## General Information

Name: \_\_\_\_\_ Other names used: \_\_\_\_\_  
Last,      First,      Middle Initial

Mailing Address: \_\_\_\_\_  
Number,      Street,      City,      State,      Zip Code

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Position Title Applying for: \_\_\_\_\_ Requisition #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date you are available to work: \_\_\_\_\_ Are you 18 or older?  Yes  No If no, how old? \_\_\_\_\_

If hired, can you provide proof that you are legally entitled to work in the United States?  Yes  No

Do you speak, read, or write languages other than English?  Yes  No

If yes, what languages? \_\_\_\_\_ How well?  Good  Fair  Excellent

Are you related by blood or marriage to any City employee or Council Member?  Yes  No If yes, please list below:

NAME	DEPARTMENT/DIVISION	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently or have you ever been employed by the City?  Yes  No If yes, please list below:

POSITION	DEPARTMENT	DATES (From/To)	REASON FOR LEAVING
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____

## Driver's License or ID & Driving Record Information

Please check one:  Driver's License  ID If applicable- Is your license a Commercial License?  Yes  No

State Issued: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Type/Class: \_\_\_\_\_

\* Please list and give date(s) or every moving violation and/or traffic accident in the last three (3) years.

**(Report any DWI-DUI's under criminal history area on page 6)**

Incident	Location	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Education

Name of High School: \_\_\_\_\_  Diploma  GED  Did not Graduate

Please indicate highest level of education achieved after High School: \_\_\_\_\_  
Some College, Technical Certificate, Associates, Bachelors, Masters, PhD, etc

**Please list additional education information below:**

**Copies of college transcripts are required when applying for positions requiring degrees; official transcripts are required within the first 30 days of employment.**

**Name/Type of School:** \_\_\_\_\_ **Location (City, St):** \_\_\_\_\_

**Dates Attended:** \_\_\_\_\_ **Date Graduated:** \_\_\_\_\_ **Degree Achieved:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_ **If No Degree- Hours Completed:** \_\_\_\_\_

**Name/Type of School:** \_\_\_\_\_ **Location (City, St):** \_\_\_\_\_

**Dates Attended:** \_\_\_\_\_ **Date Graduated:** \_\_\_\_\_ **Degree Achieved:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_ **If No Degree- Hours Completed:** \_\_\_\_\_

**Name/Type of School:** \_\_\_\_\_ **Location (City, St):** \_\_\_\_\_

**Dates Attended:** \_\_\_\_\_ **Date Graduated:** \_\_\_\_\_ **Degree Achieved:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_ **If No Degree- Hours Completed:** \_\_\_\_\_

\* If you need additional space to list your education history, attach a sheet providing the same information requested above.

## Certifications

If Certification, Registration, or a Special License is required for the position, then please complete the following:

**License/Certification:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_ **Date Expires:** \_\_\_\_\_

**Issued by/Location of Issuing Authority:** \_\_\_\_\_ **License #:** \_\_\_\_\_

**License/Certification:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_ **Date Expires:** \_\_\_\_\_

**Issued by/Location of Issuing Authority:** \_\_\_\_\_ **License #:** \_\_\_\_\_

## Other Skills

Please list any additional training, machine/equipment operating experience, computer skills, technical skills, or professional knowledge that would support your application.

## Employment History

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Include all employment for at least the past ten (10) years as well as military experience. You may add any other relevant experience including volunteer and internship experience. **Begin with your current or most recent job.** Employment history should include each position held, even those with the same employer. Do not use the comment "See Resume". If you need additional space to adequately describe your employment history, you may attach additional pages. This information will be used to determine if you meet the minimum work related experience for the position you are applying for.

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_

Average Hours Worked Per Week \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Final Salary: \_\_\_\_\_

If applicable, How many employee's did you supervise? \_\_\_\_\_ May we contact this employer?  Yes  No

Specific Reason for Leaving or Wanting to Leave: \_\_\_\_\_

Summary of Job Duties and Responsibilities:

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_

Average Hours Worked Per Week \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Final Salary: \_\_\_\_\_

If applicable, How many employee's did you supervise? \_\_\_\_\_ May we contact this employer?  Yes  No

Specific Reason for Leaving or Wanting to Leave: \_\_\_\_\_

Summary of Job Duties and Responsibilities:

## Employment History- continued

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_

Average Hours Worked Per Week \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Final Salary: \_\_\_\_\_

If applicable, How many employee's did you supervise? \_\_\_\_\_ May we contact this employer?  Yes  No

Specific Reason for Leaving or Wanting to Leave: \_\_\_\_\_

Summary of Job Duties and Responsibilities:

## Personal References

Please do not list former employers or relatives. Those listed should be familiar with your qualifications for employment.

Name and Occupation:

City/State of Residence:

Phone Number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Please Read Before Signing

I certify that all information in this application is true and correct. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for either my immediate discharge without recourse, or refusal of employment by the City of Gatesville.

I understand and agree that all information in this application may be verified by the City of Gatesville. I also understand that any employment is subject to a satisfactory check of references, and that once a contingent offer of employment is made, a physical, which will include drug and alcohol tests, may be required.

I authorize all individuals and organizations named or referenced to in this application, or given otherwise by me as references, to give the City of Gatesville all information relative to my employment, work habits, and character. I authorize the City of Gatesville to verify and investigate the status of my driver's license and to conduct any background check it deems necessary, including review of criminal history records. I hereby release the City, and any individual who provides or obtains information pursuant to this authorization, from any and all liability for damages of any kind that may result to me on account of compliance, or attempts to comply with this authorization. I am also aware that my application is subject to the Texas Open Records Law and may be released as a public document.

I understand that this is not an employment agreement between the City of Gatesville and the applicant.

X \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date