



THE CITY OF KRUM APPLICATION FOR EMPLOYMENT

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank.** Be sure to sign when completed. The State of Texas is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but **each copy must be signed.** **Resumes will not be accepted in lieu of applications,** unless specifically stated in the job vacancy notice. This application becomes public record and is subject to disclosure.

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the City of Krum to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023 and 559.004.)

NAME _____ Social Security No. _____ - _____ - _____

MAILING ADDRESS _____

EMAIL ADDRESS _____ Phone (_____) _____

List any other names used if different from name on this application _____

List exact title of position or type of work for which you wish to apply:
Do you have any relatives working for this agency? If so, list names and relationships:
Do you have any relatives who are City of Krum councilmembers? If so, list names and relationships:

Current Driver's License # (if required for position) _____ Commercial Driver's License Yes No

Are you at least 18 years of age? Yes No

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? Yes No

If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Conviction of a crime is not an automatic bar to employment. The City will consider the nature of the offense, date and the relationship between the offense and the position applied for.

Full Time Part-Time Temp Volunteer Date Available for Work? _____

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

Indicate Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from high school or receive GED? Yes No

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DATES ATTENDED FROM/TO	DATE GRADUATED	EXPECTED GRADUATION DATE	SEM/CLOCK HOURS COMPLETED	TYPE OF DIPLOMA OR DEGREE	MAJOR/MINOR FIELDS OF STUDY
Undergraduate Colleges Or Universities							
Graduate Schools							
Technical, Vocational, or Business Schools							

AN EQUAL OPPORTUNITY EMPLOYER

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

Approximately how many words per minute do you type? _____

Do you speak a language other than English? (If required for this position) Yes No

If yes, what language(s) do you speak? _____ How fluently? Fair Good Excellent

Do you write in a language other than English? (If required for this position) Yes No

If yes, which language(s) _____

Have you ever been employed by the City of Krum? Yes No

If you have been previously employed by the City of Krum, list which department and job title? _____

MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran? Yes No If yes, list type of discharge status _____

Dates of Service(From/To): _____

Are you a surviving spouse of a veteran? Yes No Are you a surviving orphan of a veteran? Yes No

If yes, complete dates of service for veteran (From/To): _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

- I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
- I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
- I understand that the State of Texas requires all males who are 18 through 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.
- I understand that some state agencies will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
- I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
- I understand that disclosure of my Social Security Number (SSN) is optional. The agency to which I am applying may use the SSN for administrative tracking purposes and for identification of individuals. This is in accordance with the Federal Law U.S.C. 552a Section 7(b).

THIS APPLICATION MUST BE SIGNED

SIGN _____

HERE: Signature – Applicant

Date

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first.
2. Employment history should include **each position** held, even those with the same employer.
3. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
4. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
5. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Name: _____
Last First Middle Social Security No.

EMPLOYMENT DATES: FROM: _____ TO: _____
COMPANY NAME: _____ PHONE # _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____
YOUR JOB TITLE: _____ SALARY _____ SUPERVISOR'S NAME _____
JOB DUTIES AND RESPONSIBILITIES: _____ _____ _____
REASON FOR LEAVING: _____ _____

EMPLOYMENT DATES: FROM: _____ TO: _____
COMPANY NAME: _____ PHONE # _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____
YOUR JOB TITLE: _____ SALARY _____ SUPERVISOR'S NAME _____
JOB DUTIES AND RESPONSIBILITIES: _____ _____ _____
REASON FOR LEAVING: _____ _____

EMPLOYMENT DATES: FROM: _____ TO: _____

COMPANY NAME: _____ PHONE # _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

YOUR JOB TITLE: _____ SALARY _____ SUPERVISOR'S NAME _____

JOB DUTIES AND RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYMENT DATES: FROM: _____ TO: _____

COMPANY NAME: _____ PHONE # _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

YOUR JOB TITLE: _____ SALARY _____ SUPERVISOR'S NAME _____

JOB DUTIES AND RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYMENT DATES: FROM: _____ TO: _____

COMPANY NAME: _____ PHONE # _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

YOUR JOB TITLE: _____ SALARY _____ SUPERVISOR'S NAME _____

JOB DUTIES AND RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

References:

NAME	PHONE
ADDRESS	OCCUPATION
NAME	PHONE
ADDRESS	OCCUPATION
NAME	PHONE
ADDRESS	OCCUPATION

DRIVING RECORD

Please Fill Out This Section If The Job For Which You Are Applying May Require Driving City Vehicles or Equipment.

Driver's License No. _____ State _____ Class/Type _____

Have you had any traffic accidents in the past three (3) years? Yes No If yes, please list below:

Date of Accident	Nature of Accident (head-on, rear-end, etc.)	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 in the past three (3) years other than parking violations:

Location (city,state)	Date (month/yr)	Charge/Violations
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever had your driver's license suspended or revoked? Yes No If yes, explain:

List any motor vehicles or motorized equipment you have driven: _____

Please Read and Sign this Agreement Before Submitting This Application

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 exam the City may require at the City's expense. I also authorize the City 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, corporations 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 voluntarily leave or be terminated at any time, with or without cause.

X _____
Signature of Applicant

Date

APPLICANT EEO DATA FORM

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

Social Security No.	Last Name (Type or Print)	First	Middle	Job Applying For:		
Address		City	State	Zip Code	Home Phone	Work Phone
Sex <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female	Birth Date	Ethnic Origin (Check Mark preferred) <input type="checkbox"/> W-White <input type="checkbox"/> B-Black <input type="checkbox"/> H-Hispanic <input type="checkbox"/> P-Asian/Pac Islander <input type="checkbox"/> I-Am.Ind/Alaskan <input type="checkbox"/> O-Other				
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		Orphan of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you find out about this job?						
<input type="checkbox"/> 01 - Other City Employee		<input type="checkbox"/> 06 - Newspaper "Name of Newspaper: _____"				
<input type="checkbox"/> 02 - Job Fair		<input type="checkbox"/> 07 - College/University Career Day				
<input type="checkbox"/> 03 - Professional Publication		<input type="checkbox"/> 08 - Human Resource/Personnel Office				
<input type="checkbox"/> 04 - Recruitment Poster		<input type="checkbox"/> 09 - City Website/Internet				
<input type="checkbox"/> 05 - Television		<input type="checkbox"/> 10 - WorkinTexas.com				

x _____
Signature-Applicant

Date

White(Not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (Not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.

Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example China, India, Japan, Korea, the Philippine Islands and Samoa.

American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

AN EQUAL OPPORTUNITY EMPLOYER