

City of Coleman

Employment Application

An Equal Opportunity Employer
 Phone: (325) 625--5114; (325) 625-4116

Instructions: Please read the instructions before completing the application. All Applications for employment with the City of Coleman must be made on this form and a separate application is required for each position. You may make copies of this application and enter different position titles, but each copy must have an original signature. A resume may be attached but you must complete all spaces on the application to be considered for employment. All information submitted is subject to verification. A false or misleading statement may result in your disqualification. If you are in need of accommodation to complete this application, please contact Human Resources at the phone number above. Return your application to the Human Resources Employment Information Office according to one of the options on Page 4 under Application Return Process. *Please clearly print or type all answers.*

POSITION TITLE: _____ DATE AVAILABLE FOR WORK: _____

PERSONAL DATA

NAME: _____
 Last *First* *Middle* *Social Security Number*

CURRENT ADDRESS: _____
 Number & Street *City* *State* *Zip*

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

Phone: *Home:* _____ *Work:* _____

E-Mail Address: _____

Education & Training

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 High School Diploma or G.E.D. Yes No

Type of School	Name/Location of School	Sem/Clock Hours Completed	Graduated		Type of Diploma or Degree	Major/Minor Field of Study
			Yes	No		
Colleges or Universities						
Technical Vocational or Business Schools						

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

License/Certification	Date Issued	Issued by State or Other Authority	License Number	Location of Issuing Authority (City & State)

SPECIAL TRAINING: List any special training program or courses you have attended which you feel may add to your qualifications. List course, date and institution (including military training).

COURSE TITLE	DATE	GRANTING INSTITUTION

SPECIAL SKILLS/QUALIFICATIONS: List special skills or qualifications (not listed above) you possess which you believe further qualify you for the position for which you are an applicant (include computer languages, types of computers and computer software, word-processing, typing speed, 10-key calculator, specialized equipment or machines, tools, vehicles, heavy equipment or memberships).

GENERAL INFORMATION

DRIVER'S LICENSE: State: _____ Number: _____ Expiration Date: _____

Type of Driver's License:

- Class A Class B Class C Class M Class A Commercial Class B Commercial Class C Commercial

CDL Endorsement(s):

- Tank Vehicle Double/Triple Trailer Hazardous Materials Passenger

If the position requires a commercial driver's license, please complete additional information on the Commercial Driver's License Supplement.

DISMISSALS AND/OR FORCED RESIGNATIONS: Have you ever been fired or forced to resign from any position?

(Check One) Yes No If answer is Yes to either or both of these questions, please explain below.

Have you ever been convicted of a **MISDEMEANOR** or **FELONY** and/or placed on probation, fined or given a suspended sentence such as deferred adjudication in court (e.g., "Criminal Incidents")? List all cases other than minor traffic violations. PLEASE NOTE: A full disclosure by you is to your advantage as your record does not constitute an automatic bar to employment. Factors such as, but not limited to, age at time of offense(s) and recency of offense(s) as well as the relationship between the offense(s) and the job(s) for which you apply will be taken into account. **HOWEVER, OMISSION OF CRIMINAL INCIDENTS WILL RESULT IN DISQUALIFICATION OF YOUR APPLICATION FOR ONE YEAR.** (Check One) Yes No If Yes, please provide the following:

Date: ____ / ____ / ____ Charge: _____ City/State: _____

Disposition: _____

Date: ____ / ____ / ____ Charge: _____ City/State: _____

Disposition: _____

(If you need additional space, please attach a sheet listing information in the same format. Include your printed name and signature.)

Have you ever been employed in any capacity by the City of Coleman? (Check One) Yes No If yes, please indicate:

Title of Position: _____ Department: _____

Dates of Employment: _____

Are you related to any person employed by the City of Coleman? (Check One) Yes No If yes, please indicate:

Name: _____ Relationship: _____

Department: _____ Position: _____

EMPLOYMENT HISTORY

In the space provided below, give your employment history beginning with your present or most recent employer. List each position held (even those with the same employer), including military, part-time, summer, volunteer work, and any periods of unemployment. **An explanation of any gaps in employment should be included on page 4.**

Employer:	Start Date	End Date
Address/City/State:		
Phone: ()	Job Title:	Starting Salary Final Salary
Supervisor:	Title:	
<i>Reason for Leaving:</i>		
Briefly Describe the Nature and Duties of Your Position		

Employer:	Start Date	End Date
Address/City/State:		
Phone: ()	Job Title:	Starting Salary Final Salary
Supervisor:	Title:	
<i>Reason for Leaving:</i>		
Briefly Describe the Nature and Duties of Your Position		

Employer:	Start Date	End Date
Address/City/State:		
Phone: ()	Job Title:	Starting Salary Final Salary
Supervisor:	Title:	
<i>Reason for Leaving:</i>		
Briefly Describe the Nature and Duties of Your Position		

Employer:	Start Date	End Date
Address/City/State:		
Phone: ()	Job Title:	Starting Salary
Supervisor:	Title:	Final Salary
Reason for Leaving:		
Briefly Describe the Nature and Duties of Your Position		

Explanation of any gaps in employment:

GENERAL INFORMATION

I, the undersigned, certify that I have read and fully understand this form in its entirety and that the information provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or discharge from the City of Coleman service. In submitting this application, I authorize the City of Coleman to verify all data needed to support this application and to obtain references from my present and past employers. I further understand that this application becomes the property of the City of Coleman and will not be returned.

I also understand that I will have the right to terminate my employment with the City of Coleman at any time without notice and for any reason. I understand that the City of Coleman has the same right. If required for the position, I also understand that as a condition of employment I will be subject to and authorize the following: driving record check, criminal history investigation, medical examination and/or a pre-employment drug-alcohol screening test. An employment offer received from the City is contingent upon information received.

Signature of Applicant

Date Signed

WE THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE CITY OF COLEMAN.

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION RETURN PROCESS

You may return your application as follows:

- 1) Bring it to 200 West Liveoak Street; Coleman, Texas 76834
- 2) Mail it to Human Resources Department; P O Box 592; Coleman, Texas 76834
- 3) Fax it to (325) 625-5837 and **mail the original** to the address #2

Cover Sheet

For

DISCLOSURE AND AUTHORIZATION FORM

This is not part of the City of Coleman Job Application

*CITY OF COLEMAN
P O BOX 592
COLEMAN, TEXAS 76834
325-625-5114*

DISCLOSURE AND AUTHORIZATION FORM

This disclosure is being provided to you pursuant to the Federal Fair Credit Reporting Act (“FCRA”), 15 U.S.C. 1681 and Federal Trade Commission Regulations contained in 16 C.F.R. Part 601, Appendix C.

By this document, the City of Coleman discloses to you that a consumer report, which may include your criminal history, driving record and other background information, may be obtained for employment purposes as part of the pre-employment background investigation to evaluate your eligibility for hire and at any time during your employment.

I voluntarily and fully authorize the City of Coleman to obtain a consumer report as part of the hiring process. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the City of Coleman to obtain consumer reports at any time during my employment period.

Please sign below to signify that this information has been disclosed to you and that you provide authorization to the City of Coleman.

Signature of Applicant

Date Signed

Cover Sheet

For

CONFIDENTIAL SUPPLEMENT FORM

This is not part of the City of Coleman Job Application

CONFIDENTIAL

Employment Application Supplement Form

TO THE APPLICANT: The commitment of the City of Coleman to a policy of equal employment opportunity requires that certain information be gathered and documented for statistical purposes. The following information is requested for Human Resource Office use only in order to assist us in complying with EEO reporting guidelines. Since this information will **NOT** be considered for employment purposes, this page will remain separate from your Employment Application and will not be available for review at any time during the applicant selection process. In addition, upon employment this information will not be used for any subsequent personnel decision.

PLEASE COMPLETE THE FOLLOWING:

1. Name: _____ 2. SS# _____
3. Address: _____ City: _____ State: _____ Zip: _____
4. Position for which you are an applicant: _____
5. Date of Birth: _____ 6. Sex: Male Female

7. Please indicate source from which you learned of this position. (Check One)

- Newspaper _____
Name of Newspaper
- Employment Agency Referred by City Employee _____
Name of Employee
- Saw Poster _____
- City's Job Line City's Web Site Read City's Job Announcement City's Bulletin Board
- Other Computer/Internet Location _____
Name of Location

PLEASE CHECK THE PROPER RESPONSE (* Note Below)

8. **Race:** Native American African American White Hispanic Asian American Other
9. **Americans with Disabilities Act status:** Disabled Non-Disabled

MILITARY SERVICE STATUS (Please Check All that Apply)

10. Veteran Non-Veteran Active Duty Reserves/Guard
11. Discharge Date: _____
Month Day Year

***NOTE: For purposes of EEO statistical tabulation, the following categories are used:**

Native American – Includes persons who identify themselves or are known as such by virtue of tribal association.
African American – Includes persons of African descent as well as those identified as Jamaican, Trinidadian, and West Indian
White – Includes persons of Indo-European descent, including Pakistani and East Indian persons
Hispanic – Includes persons of Puerto Rican, Cuban, Central or South American or other Spanish cultures
Asian American – Includes persons of Japanese, Chinese, Korean, or Filipino descent.
Other – Includes Eskimos, Malaysians, Thais, and others not covered above.

Signature of Applicant

Date Signed