



City of Whitesboro
 PO Box 340 * 111 W Main St
 Whitesboro, TX 76273-0340
 Office: 903-564-3311 * Fax: 903-564-6105

Date Received: _____

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>		
Work Phone: (____) _____ - _____	If no, are you legally eligible to be in the U. S.? ____Yes ____No		
Other: (____) _____ - _____			
Are you 18 or over? ____Yes ____No			
Title of Position Applying For			Date Available to Work
Have you been previously interviewed or employed by the City of Whitesboro? ____Yes ____No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for the City of Whitesboro? ____Yes ____No If Yes, list names and relationship to you:			
Are you employed now?		If so, may we contact your present employer?	

Education				
Name and Location	# Years Completed	Major Area of Study	Degree	Date Graduated
High School				
College				
Technical or Certificate Programs				

Employment History Give details of your last 3 employers and where necessary, list other previous positions which will account for your employment record over the past ten years. List present or last positions first and account for all periods of unemployment. Include details of military service where service specialties or duties may be relevant to the job you are seeking with the City of Whitesboro.

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Name of Supervisor and Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Name of Supervisor and Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Name of Supervisor and Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Please list any special awards, honors, scholarships, offices held or extracurricular activities.

Indicate any of the following skills, machines or job classifications you may have:

- Electrical Mechanical Water/Sewer Heavy Equipment Operator
 Microsoft Windows Microsoft Word Microsoft Excel Incode
 Other: _____

References Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

If applying for Public Works Position, Please indicate whether you hold the following valid drivers licenses:

Class A _____ Class B _____ Class C _____

Drivers License Number: _____ State Issued: _____

Election of Veteran's Preference

Do you wish to claim a veteran's preference? Yes No

If so please check the preference you are claiming.

Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).

Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).

Spouse of deceased veteran.

Spouse of disabled veteran who is unable to use preference due to disability.

Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.

Signature _____

Date _____

Agreement

Consent and Release for Employment with the City of Whitesboro

I hereby apply for employment at the City of Whitesboro and understand and agree that:

Any misrepresentation of false statement by me in connection with the application will constitute justifiable cause for cancellation of this application or separation from the company's service, if employed.

If employed by the City of Whitesboro and as a condition of my continued employment with the City of Whitesboro, I will be required to comply with the Immigration Reform and Control Act of 1986 by completing an Employment Eligibility Verification (I-9) Form and presenting documents that establish my identity and employment eligibility.

I may be required to sign company documents, such as Patent and Trade Secret Agreements, Business Conduct Policy Acknowledgement, Drug and/or Alcohol Testing Consent Form.

I authorize persons, schools, employers, organizations and agencies to provide the City of Whitesboro with any of my personal background information in their possession, and I agree to disclose any information that may be required to arrive at an employment decision.

I release from liability all individuals and organizations who supply such information.

I have read and understand the above.

Signed: _____

Printed Name: _____

Date: _____

DISCLOSURE TO EMPLOYEES AND PROSPECTIVE EMPLOYEES

In connection with evaluating you for employment, promotions, reassignment or retention as an employee, the City of Whitesboro may obtain a report containing information regarding your prior work related injuries, claims and lawsuits, driving history, credit history and criminal history.

You have the right to request information regarding the nature and scope of the investigation requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies.

You may request a summary of these rights.

I acknowledge and understand my right under the Fair Credit Reporting Act.

AUTHORIZATION TO REQUEST AND OBTAIN INFORMATION

I, _____, authorize the City of Whitesboro to obtain a report containing information regarding my prior work related injuries, claims and lawsuits, driving history and criminal history in connection with evaluating me for employment, promotion, reassignment or retention as an employee.

Applicant's Name: _____

Applicant's Physical Address: _____

City / State / Zip: _____

Social Security No. _____

Driver's License No. and State: _____

Date of Birth: _____

Signature: _____

DPS Computerized Criminal History (CCH) Verification (Agency Copy)

I, _____, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss **any** information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, of the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L I Enrollment Services.

Once this process is completed and the agency received the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits.)