

CITY OF MART EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to age, race, creed, color, national origin, sex, disability, marital status or any other legally protected status pursuant to Texas State Law and other relevant federal, state and local laws.

Print all information in either black or blue ink. Do not leave any area blank.

Position Applied For: _____			Date: _____
Name: _____			
Last	First	Middle	
Address: _____			
House / Apt. #	Street	City	State
Home Phone: _____	Cell Phone: _____	Msg. Phone: _____	
Texas DL # _____	Class: _____		

Please answer the following by marking either YES or NO in the appropriate box.

QUESTION	YES	NO
Are you under the age of 18 years (If yes, you will need to provide proof of your eligibility to work)		
Have you applied with The City of Mart in the past Three (3) years		
Have you ever been employed with the City Of Mart		
Are you currently employed		
May we contact your present and past employers		
Are you prevented from lawfully becoming employed in this country		
Are you available for full time employment		
Are you currently on "lay off" status and subject to recall		
If the position requires travel, will you be able to travel		
Have you been convicted of a Felony within the past 7 years		
If yes, explain:		
Can you read English		
Can you write English		
Can you speak English		
Do you speak Spanish		

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EDUACATION	Name & Address	Course of Study	Years Completed	Diploma / Degree
HIGH SCHOOL				
Address				
COLLEGE				
Address				
COLLEGE				
Address				

Please describe any and all specialized training, apprenticeship, skills and etc that directly relate to the position you are applying for:

Please describe any JOB RELATED training you have received.

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EMPLOYMENT HISTORY CONTINUED:

Please list your previous employers for the past 10 years starting with your present or last employer:

Employer:	
Address:	
Phone:	Supervisor:
Dates Employed:	Final Rate of Pay:
Job Title:	Reason For Leaving:
Job Duties:	

Employer:	
Address:	
Phone:	Supervisor:
Dates Employed:	Final Rate of Pay:
Job Title:	Reason For Leaving:
Job Duties:	

Employer:	
Address:	
Phone:	Supervisor:
Dates Employed:	Final Rate of Pay:
Job Title:	Reason For Leaving:
Job Duties:	

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DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED OF THE
REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING!

Are you capable of performing in a reasonable manner, with or without a reasonable
accommodation, the activities involved in the job or occupation for which you have applied?

- _____ YES, I am capable of performing the job activities without accommodations.
- _____ YES, I am capable of performing the job activities with reasonable accommodations.
- _____ NO, I am not capable of performing the job activities.

REFERENCES:

1. NAME: _____

HOME PHONE: _____ CELL / WORK PHONE: _____

RELATIONSHIP: _____ YEARS KNOWN: _____

2. NAME: _____

HOME PHONE: _____ CELL / WORK PHONE: _____

RELATIONSHIP: _____ YEARS KNOWN: _____

3. NAME: _____

HOME PHONE: _____ CELL / WORK PHONE: _____

RELATIONSHIP: _____ YEARS KNOWN: _____

4. NAME: _____

HOME PHONE: _____ CELL / WORK PHONE: _____

RELATIONSHIP: _____ YEARS KNOWN: _____

**AUTHORIZATION FOR BACKGROUND CHECK
AND WAIVER OF LIABILITY**

I, _____, freely and voluntarily, hereby authorize _____ during its screening process, to conduct a background investigation to evaluate my character, and approval is granted to contact a third party investigative service for the purpose of obtaining any relevant records on me, should such records exist.

I agree that by granting permission for _____ to release the information listed below to a third party investigative service, I am unconditionally waiving my right to seek recourse against either _____ or the investigative service. I agree to indemnify and hold harmless, either _____ or the investigative service from any liability for damages or negative effects of any nature that may result based on the disclosure of information.

Furthermore, I fully understand that records may be examined annually, and at any other time a background investigation may be necessary. By endorsement below, I hereby authorize any future background checks by _____, under the same terms and conditions as set out above for the present investigation.

I understand that I have the right to obtain a complete and accurate disclosure of the report of the third party investigative service. Any request must be submitted, in writing, to _____ within two weeks of receipt of the notice.

Signature

Date

This information is used to distinguish you from any other similar individual while doing background checks.

PLEASE PRINT CLEARLY

Full Name (First, Middle, Last): _____

Maiden Name if applicable: _____

Street Address: _____

How Long? _____ If less than 3 years list previous address, city, state and

County: _____

Date of Birth: _____

Social Security Number: _____

Drivers License Number: _____ State: _____