



Application for Employment

City of Mart
112 N. Commerce St.
Mart, TX 76664
254.876.2462 Office

Applicants are considered for all positions without regard to Race, Color, Religion, Creed, Gender, National Origin, Age, Disability, Marital or Veteran Status, or any other Legally Protected Status.
Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resource Department.

Equal Opportunity Employer

Application Date : _____

Applicant's SSN: ____ - ____ - _____

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home/Cell Number: _____ Work Number: _____

Position(s) applied for: _____

May we contact you at Work? Yes No

If **yes**, What is the best time to call you? From ____:____ am / pm To ____:____ am / pm

If application is considered favorably, on what date would you be available to begin work? _____

What is your desired salary range or hourly rate of pay? \$_____ Per _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? Yes No Need more information on job's "essential functions" to respond

Are you legally eligible for work in this country? Yes No

If you are under 18 and it is required can you provided a work permit? Yes No

If **no**, Please explain _____

Have you ever submitted an application with us before? Yes No

If **yes**, give date(s) and position(s) applied for _____

Have you ever been employed by us? Yes No

If **yes**, give dates: From ____/____/____ To ____/____/____

Is this application required following an extended military leave of absence from The City of Mart? Yes No

(If **yes**, additional information may be required)

Do any of your friends or relatives, other than a spouse, work here? Yes No

Have you ever plead guilty or been convicted of a crime? Yes No

Have you entered into an agreement with any former employee or other party (such as a non-competition agreement) that might, in any way, restrict your ability to work for The City of Mart? Yes

No If **yes**, Please explain:

Employment History

List below present and past employment, beginning with your most recent

1 Name and Address of Company	Date From		Date To		Name of Supervisor
	Mo.	Yr.	Mo.	Yr.	
	Monthly Startng Salary		Monthly Ending Salary		Reason for Leaving
Telephone	\$		\$		
Describe the work you did: _____					

2 Name and Address of Company	Date From		Date To		Name of Supervisor
	Mo.	Yr.	Mo.	Yr.	
	Monthly Startng Salary		Monthly Ending Salary		Reason for Leaving
Telephone	\$		\$		
Describe the work you did: _____					

3 Name and Address of Company	Date From		Date To		Name of Supervisor
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	Monthly Startng Salary		Monthly Ending Salary		Reason for Leaving
Telephone	\$		\$		
Describe the work you did: _____					

4	Name and Address of Company	Date From				Date To				Name of Supervisor
		Mo.		Yr.		Mo.		Yr.		
		Monthly Starting Salary				Monthly Ending Salary				Reason for Leaving
	Telephone	\$				\$				
Describe the work you did:										

May we contact your **current employer** concerning your work history? Yes No

If **no**, please explain: _____

May we contact your **previous employers** concerning your work history? Yes No

Explain any gaps in your employment other than those due to personal illness, injury, or disability:

Have you ever been fired or asked to resign from any previous employment? Yes No

If **yes**, please explain: _____

List specific skills and any machines or equipment you can operate and number of years of experience: _____

Describe any other job related experiences, qualifications, or skills which might make you an asset to this company: _____

Computer Skills (Check appropriate boxes. Include software title and years of experience)

Word Processing _____ Years: _____ Email _____ Years: _____

Spreadsheet _____ Years: _____ Presentation _____ Years: _____

Education

School	Name and Address of School	Course of Study	Last Year Completed	Did you Graduate	List Diploma or Degree
Elementary		X	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> Yes	
			<input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> No	
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> Yes	
			<input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> No	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes	
			<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No	
Other (Specify)			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes	
			<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No	

Please list any special seminars, classes, or certifications that you have received or attended that would make you an asset to this company.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

References

Please list references that can be contacted to verify work experience. List any supervisors, managers, or anyone else who has evaluated your productivity within the past few years.

Name and Address	
	Occupation
	Relation
	Title
Telephone	

Name and Address	
	Occupation
	Relation
	Title
Telephone	

Name and Address	
	Occupation
	Relation
	Title
Telephone	

Statement

Please Read and Sign Below

I certify that all information provided in this application is true and complete. I authorize any investigation into any statements made in this application of employment that may be necessary in arriving at an employment decision. I understand that if employed by the City of Mart, any deliberate falsifications or misrepresentations on this application may be grounds for dismissal. I understand that this is not a contract or guarantee of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand that my employment is at- will and can be terminated at any time for any reason or no reason by either party. I understand that this application will become the property of the City of Mart along with anything accompanying the application.

Signature _____

Date _____

This application will remain on file for 30 days. At the conclusion of that time, if you have not heard from the employer and still wish to be considered for employment, it will be necessary for you to reapply and fill out a new application.

EMPLOYER

USE

ONLY

Arrange Interview Yes No

Date and Time of Interview _____

Remarks _____

Employed Yes No Date of Hire _____

Job Title _____

Hourly Rate/
Salary _____

Department _____

By _____

Date _____

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 identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

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 Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives 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)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/> NO <input type="checkbox"/>	_____ initial
Purpose of CCH:	_____
Hire <input type="checkbox"/> Not Hired <input type="checkbox"/>	_____ initial
Date Printed:	_____ initial
Destroyed Date:	_____ initial
Retain in your Files	



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AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize the City of Mart to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that the City of Mart will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Name *(please print)* _____

Other Names *(married, maiden or nicknames, etc.)* _____

Address _____

Previous Address _____

Driver's License# _____ State _____

Social Security# _____ Date of Birth _____

Signature of Applicant/Employee

Date