AN EQUAL OPPORTUNITY EMPLOYER



209 S. WASHINGTON KAUFMAN, TEXAS 75142 (972) 932-2216 METRO (972) 962-5321 FAX (972) 932-0307

| FOR OFFICE USE ONLY |
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| | ase print. Application will not be considered unless comple action or dismissal. All applications become inactive after the | | _ | ithheld and/or false in | formation are cause for |
|------|--|---------------|-------------------|---------------------------|---------------------------|
| Ť | • | <u> </u> | | | |
| Date | e Position Desired | - | | | |
| Do | you desire full or part-time work? | If part-time, | what hours? | | |
| Nan | | | | | |
| | (LAST) | (| FIRST) | | (MIDDLE) |
| Add | lress:(Street) | (City) | | (State) | (Zip Code) |
| т.1. | | | | (State) | (Zip Code) |
| reie | ephone: () Area Code | Social Secu | rity Number: | | |
| Driv | ver's License No. | | Operator | Commercial | Chauffeur |
| Stat | e Issued: Texas Other: | Dat | te Expires: | | |
| Pers | son to be notified in case of emergency: | | | | |
| | | (Name) | | (R | elationship) |
| | (Address) (City, S | State, Zip Co | de) | (Area Code | e – Telephone) |
| | | • | | | • |
| 1. | Have you applied for employment with the City of Kaufman before | ore? | Yes | No D | ate: |
| 2. | Are you now or have you ever worked for the City of Kaufman? $ \\$ | | Yes | No D | ate: |
| 3. | Are you a citizen of the United States? | | Yes | No | |
| 4. | Have you ever been discharged or asked to resign because of Unsatisfactory conduct or performance of duties? | | Yes | No | |
| 5. | Have you ever been convicted of a crime? | | Yes | No No | |
| | If yes, explain: | | | | |
| | A criminal record will not necessarily disqualify you from empl particular job. | oyment. You | ir case will be c | onsidered in relationship | to the requirement of the |
| 6. | Are you or your relatives related to any member of the City Coun | cil | | | |
| | or any person employed by the City of Kaufman? | | Yes | No | |
| | (Name) | | (Relation) | | (Position) |
| 7. | Have you served in the Armed Forces or National Guard of the U | nited States? | Yes | No | |
| | If yes, please complete the following: | | | | |
| | Branch Date Entered | | | | |
| | Date Discharged List your specific training and duties | Rank at Dis | charge | | |
| | List your specific training and duties | | | | |

Employment Experience

List each job held. Start with your current or last job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex or national origin.) *CURRENT EMPLOYER: Supervisor: Starting Address: Phone No. Date: Ending Your Position Title & Duties: Starting Salary: Ending Salary: May we contact Reason for desiring change: this employer? Supervisor: *LAST EMPLOYER: Starting Date: Ending Your Position Title & Duties: Date: Starting Salary: Ending Salary: Discharged Indicate Reason for Leaving: Resigned Explain Reason for Leaving: *NEXT PREVIOUS EMPLOYER: Supervisor: Starting Phone No. Date: Ending Your Position Title & Duties: Date: Starting Salary: Ending Salary: Indicate Reason for Leaving: Resigned Discharged Lay-off Other Explain Reason for Leaving: *NEXT PREVIOUS EMPLOYER: _____ Supervisor: Starting Phone No. Date: Ending Your Position Title & Duties: Date: Starting Salary: Ending Salary: Discharged Lay-off Indicate Reason for Leaving: Resigned Explain Reason for Leaving: *NEXT PREVIOUS EMPLOYER: Starting Phone No. Date: Ending Your Position Title & Duties: Date: Starting Salary: Ending Salary: Indicate Reason for Leaving: Resigned Discharged Lay-off Other

Explain Reason for Leaving:

Education

| Did you graduate from high school or receive an equivalent diploma? | | | | | | | | |
|---|--|----------------------|------------------------|-------------------------|-----------------------|---------------------|------------------|----------------|
| Yes High School; When | n: | | | | | | | |
| Yes G.E.D.; When: | | | | | | | | |
| No Last Grade Comple | eted: | | | | | | | |
| High School: | | | | | | | | |
| | (Name) | | | | | (Address) | | |
| Education: Circle highest grade comple | eted. | | | | | | | |
| 1 2 3 | 4 5 6 | 7 8 9 | 10 11 12 | 13 14 | 15 16 | 17 18 | 19+ | |
| Versting Law Tords Calcad | Datas of | Δ | f | | Ctifit- | | D | -4- |
| (Name/Address) | ional or Trade School Dates of Area of (Name/Address) Attendance Study | | | Certificate Received | | | Date Received | |
| | | | | | | | | |
| | | | | | Hours | | De | gree |
| College/University (Name/Address) | Dates of Attendance | Major | Minor | Major | Completed Ir Minor | Other | Title | eived Dates |
| , | | J | | major | 1111101 | o uner | Titue | Dutes |
| | | | | | | | | |
| | | | | | | | | |
| List professional or technical licenses, | registrations, certificat | es or memberships | you possess. | | | | | |
| | | | | | | | | |
| | | | | | | | | _ |
| | | | | | | | | |
| List any manufacturing or construction | equipment or machine | es you operate (incl | ude office equipmen | t, if applicab | le). | | | |
| | | | | | | | | _ |
| | | | | | | | | |
| | | | | | | | | |
| Summarize special skills and qualificat | tions acquired from am | inlovment or other | avnariance that relate | e to this nos | ition: | | | |
| Summarize special skins and quantical | nons acquired from em | iployment of other | experience mai relate | es to this pos | ition. | | | |
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| REFERENCES | | | | | | | | |
| Give the names and telepho experience, or ability: | ne numbers of th | nree (3) perso | ns, other than r | elatives, | who have | knowled | ge of your | character, |
| Name | Name Occupation, Position | | (A | | | rea Code) Telephone | | |
| Tune | | | | | | (11100 | sala) reiepii | - |
| 1 | | | | | | | | _ |
| 2 | | | | | | | | |
| 3 | | | | | | | | |

| Qualified applicants are considered for all positions without re- | | | | | | |
|---|---|--|--|--|--|--|
| marital or veteran status, or the presence of a non-job related medical condition or handicap. | | | | | | |
| | | | | | | |
| In relation to the education and experience record you have provided, please explain in detail any time lapses due to unemployment or other reasons. | | | | | | |
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| YOU APPLICATION WILL NOT BE COM | | | | | | |
| ALL QUESTION | IS ANSWERED. | | | | | |
| The information that I have provided on this application validation by the City of Kaufman. | on is accurate to the best of my knowledge and subject to | | | | | |
| I hereby authorize any person holding information regarding my employment, character, qualifications, habits, reputation, credit, medical history, past record performance or any pertinent information in consideration of my application for employment to the City of Kaufman. I understand and agree that: | | | | | | |
| (a) The city will not be liable and I hereby hold harmless the City of Kaufman from any claim in my behalf for any damage which may result from furnishing the information requested above. | | | | | | |
| (b) Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal or, if employed, termination from City of Kaufman employment. | | | | | | |
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| | | | | | | |
| Signature of Applicant | Date | | | | | |
| 5 11 | | | | | | |
| FOR PERSONNEL DEPAR | TMENT USE ONLY | | | | | |
| Arrange Interview Yes No | Schedule: | | | | | |
| Arrange interview res roo | Date/Time | | | | | |
| If No, reason: | | | | | | |
| Incomplete Application | | | | | | |
| Driver License Invalid | | | | | | |
| _ | | | | | | |
| Uninsurable under City insurance due to driving record | | | | | | |
| Nepotism | | | | | | |
| Does not meet required minimum qualification for position | | | | | | |
| Withheld and/or false information on application | | | | | | |
| Other: | | | | | | |
| | | | | | | |
| By: | | | | | | |

Job Announcement No.