**Instructions**: Fill out the application form completely. Print neatly or type.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | Social Security #: | | | | | | | |  | | | |
| *Last First Full Middle* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position Applying For: | | | | |  | | | | | | | | | | | Desired Salary: | | | | | | |  | | | | |
| Mailing Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: (Cell Preferred): | | | | | |  | | | | | | Email Address: | | | | | | |  | | | | | | | | |
| Driver’s License #: | | |  | | | | | | | | | State: | |  | | | | | Class/Type: | | | | |  | | | |
| List any other names that you have used: | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Have you previously worked for the City of Crockett?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, dates of employment: | | | | | | | | |  | | | | | | thru | | |  | | | | | | | | | |
| Reason for leaving: | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Are you related to a current City of Crockett employee?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, name of employee: | | | | | | | |  | | | | | | | Relationship to you: | | | | | | | | | |  | | |
|  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | |
| **EDUCATION / MILITARY SERVICE** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School Diploma or GED?  No  Yes (If yes, complete the following.) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and location of high school or GED Institute: | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| College Diploma or Trade School Certification?  No  Yes (If yes, complete the following.) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of degree/certification: | | | | | | | | | |  | | | | | | | | | | | | | | | | |  |
| Name and location of institution: | | | | | | | | | |  | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |
| Have you ever served in the U.S. or State Military:  No  Yes (If yes, complete the following.) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dates of service: | | | | | | |  | | | | | | thru | | | |  | | | | | | | | |  | |
| Branch of Service: | | | | | | |  | | | | | | Type of discharge: | | | | | | | | |  | | | | | |
|  | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | |
| **SPECIAL SKILLS / TRAINING** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List all job-related training or skills you possess and machines or office equipment you can use. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **EMPLOYMENT HISTORY (starting with most recent)** | | |
| Employer Name: | | Phone: |
| Address: | | |
| Job Title: | Supervisor: | |
| Responsibilities: | | |
| Starting Date: | Ending Date: | |
| Reason for Leaving: | | |
| May we contact your current/previous supervisor for reference?  Yes  No | | |
| Name: | | |
|  | | |
| Employer Name: | | Phone: |
| Address: | | |
| Job Title: | Supervisor: | |
| Responsibilities: | | |
| Starting Date: | Ending Date: | |
| Reason for Leaving: | | |
|  | | |
| Employer Name: | | Phone: |
| Address: | | |
| Job Title: | Supervisor: | |
| Responsibilities: | | |
| Starting Date: | Ending Date: | |
| Reason for Leaving: | | |
|  | | |
| Employer Name: | | Phone: |
| Address: | | |
| Job Title: | Supervisor: | |
| Responsibilities: | | |
| Starting Date: | Ending Date: | |
| Reason for Leaving: | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EMPLOYMENT HISTORY (continued)** | | | | | | | | |
| Have you ever been fired from a job?  No  Yes | | | | | | | | |
| Have you ever been asked to resign from a job?  No  Yes | | | | | | | | |
| If yes to either question, provide the name of the employer, dates of employment, and the reason. (If information has already been provided as part of employment history, write “See above.”) | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **CRIMINAL HISTORY** | | | | | | | | |
| Have you ever been convicted of a felony?  No  Yes (If yes, explain below.) | | | | | | | | |
|  |  | | | | | | | |
|  | |  | | | | | | |
| **PROFESSIONAL REFERENCES** | | | | | | | | |
| Name: | | | | Phone: | | Relationship: | | |
| Name: | | | | Phone: | | Relationship: | | |
| Name: | | | | Phone: | | Relationship: | | |
| **AUTHORIZATIONS AND SIGNATURE** | | | | | | | | |
| **Please read the following statements carefully and indicate your understanding and acceptance by initialing and signing in the spaces provided.** | | | | | | | | |
|  | | I authorize the City of Crockett to run a computerized criminal history on me for the purposes of a background check for employment with their agency | | | | | | |
| Initial | |
|  | | I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you | | | | | | |
| Initial | |
|  | |  | | | | | | |
|  | | I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination. | | | | | | |
| Initial | |
|  | |  | | | | | | |
|  | | |  | |  | |  |  |
|  | | | *Applicant Signature* | |  | | *Date* |  |

***The City of Crockett is an Equal Opportunity Employer.***