

# Employment Application

## City of Hallsville

P.O. Box 899, 115 West Main Street Hallsville, Texas 75650  
903-668-2313 \* [citysecretary@hallsville.us](mailto:citysecretary@hallsville.us)

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_/\_\_\_/\_\_\_

How Did You Learn About This Position?

- Employment Agency       Relative       Other: \_\_\_\_\_  
 Friend       Walk-in

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Mailing Address: \_\_\_\_\_  
ADDRESS CITY STATE ZIP

Physical Address: \_\_\_\_\_  
(If different) ADDRESS CITY STATE ZIP

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ DL Number: \_\_\_\_\_ State: \_\_\_\_\_

### GENERAL INFORMATION

Are you able to perform the essential job functions of the position for which you are applying (with or without reasonable accommodation)?  Yes  No

Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it relates to your ability to acquire the licensing in the position for which you are applying):  Yes  No

If Yes, explain: \_\_\_\_\_

Are you a Veteran?:  Yes  No

### EDUCATION, TRAINING & CERTIFICATION

High School Diploma or GED?  Yes  No

High School Attended: \_\_\_\_\_

College or University Attended & Location: \_\_\_\_\_

College Degree?  Yes  No Completed:  1 yrs  2 yrs  3 yrs  4 yrs

List any Degrees/Certifications earned: \_\_\_\_\_

Do you have a CDL?  Yes  No CDL Type: \_\_\_\_\_ Endorsements: \_\_\_\_\_

**ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION**

Examples include: classes (include dates), certificates, languages, current licenses, specific equipment and other skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past FOUR employers. If currently employed, may we contact your employer?  Yes  No

PRESENT OR MOST RECENT EMPLOYER			
Full Name of Company		Telephone Number	
Street Address		City	State Zip
Name of Supervisor		Title of YOUR Position	
Dates of Employment:		Salary/Hourly Rate:	
Start (Mo/Yr):	End (Mo/Yr):	Begin:	End:
List Jobs Held, Duties Performed, Skills Used, & Promotions While Employed At This Company:			
_____			
_____			
Reason for Leaving:			

Full Name of Company		Telephone Number	
Street Address		City	State Zip
Name of Supervisor		Title of YOUR Position	
Dates of Employment:		Salary/Hourly Rate:	
Start (Mo/Yr):	End (Mo/Yr):	Begin:	End:
List Jobs Held, Duties Performed, Skills Used, & Promotions While Employed At This Company:			
_____			
_____			
Reason for Leaving:			

Full Name of Company		Telephone Number	
Street Address		City	State Zip
Name of Supervisor		Title of YOUR Position	
Dates of Employment:		Salary/Hourly Rate:	
Start (Mo/Yr):	End (Mo/Yr):	Begin:	End:
List Jobs Held, Duties Performed, Skills Used, & Promotions While Employed At This Company:			
_____			
_____			
Reason for Leaving:			

Full Name of Company		Telephone Number	
Street Address		City	State Zip
Name of Supervisor		Title of YOUR Position	
Dates of Employment:		Salary/Hourly Rate:	
Start (Mo/Yr):	End (Mo/Yr):	Begin:	End:
List Jobs Held, Duties Performed, Skills Used, & Promotions While Employed At This Company:			
_____			
_____			
_____			
Reason for Leaving:			

<b>REFERENCES (PREFERABLY PERSONS WHO KNOW ABOUT YOUR WORK/TRAINING)</b>		
Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number

**Applicant's Certification and Release**

I certify that I have received, read and understand the job description associated with the position for which I am applying.

I certify that all the information provided by me in connection with my application is true and complete, without evasion, and I further understand and agree that such statements may be investigated and misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, immediate termination.

This application for employment shall be considered active, for periods of time not exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “*at will*” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In connection with my application for employment with the City of Hallsville, I understand and agree that investigative inquiries are to be made on myself including, but not limited to, consumer credit, criminal convictions, motor vehicle history, educational transcripts, and other reports of any nature and type, including information in the public domain. These reports will include information as to my character, work, habits, performance, and experience together with reasons for termination of past employment.

I understand and agree that the City of Hallsville can and will be requesting information from various federal, state, and other agencies that maintain records concerning my past activities related to my driving, credit, criminal, education, and other experiences. I authorize without reservation all corporations, companies, credit agencies, persons, educational institutions, law enforcement agencies, and former employers to release information they may have about me, and release them from any liability and responsibility for doing so; further, I authorize the procurement of an investigative consumer report related to me and acknowledge my understanding that such report may contain information as to my background, mode of living, character, and personal reputation.

This authorization, in original and copy form, shall be valid for this and any future reports that may be requested.

I hereby authorize investigation of all statements made by me with no liability arising there from.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_