

City of Snyder

PO Box 1341, Snyder, Texas 79550-1341
325/573-9362 325/573-5326 fax

APPLICATION FOR EMPLOYMENT

Instructions: Please complete the application in full. Print or type ALL information. False information is cause for rejection or dismissal. Employment is subject to applicant's satisfying the City's requirements as to background, pre-employment testing, employment references, and post-offer pre-employment physical examination and drug screen. This application, along with any attachments becomes the property of The City of Snyder.

All applicants meeting The City of Snyder's minimum qualifications will be considered for employment without regard to race, religion, sex, national origin, age, the presence of a non-job-related medical condition or disability, veteran's status, or citizenship.

POSITION(S) APPLIED FOR	DATE OF APPLICATION
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DATE YOU ARE AVAILABLE TO START WORK	DESIRED PAY
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How did you learn about us?
 Advertisement Friend Walk-in City Employee
 Employment Agency; which one? _____ Relative Other

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Home Telephone Number	Work or Message Phone	Social Security Number
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Have you ever filed an application with us before? YES NO WHEN? _____

Have you ever been employed with us before? YES NO
 Department _____ Reason for leaving _____
 Dates of Employment: Starting _____ Ending _____

Are you currently on "LAY-OFF" status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

Place an "X" through any of the following that you are **UNABLE OR UNWILLING TO WORK:**
 FULL-TIME PART-TIME TEMPORARY EVENINGS DEEP-NIGHTS WEEKENDS HOLIDAYS ON-CALL OVERTIME

Do you or your spouse have any friends or relatives that currently work for The City of Snyder?
 YES NO IF YES, PLEASE GIVE THEIR: NAME _____
 DEPARTMENT _____ RELATIONSHIP _____

Are you currently employed? YES NO Employer: _____

May we contact your present employer? YES NO

Are you legally authorized to work in the United States? YES NO
 Are you at least 18 years of age? YES NO
 IF NO, Can you provide required proof of eligibility to work? YES NO

Education

High School

What is the last grade you completed?

6 7 8 9 10 11 12

Did you Graduate? Yes No

Did you get a GED? Yes No

College

What is the last year you completed?

1 2 3 4

Did you Graduate? Yes No

Degree _____

Business or Trade School

List any training you have had in business or trade school below:

Do you have any special skills that apply to this job? If so, please list them below:

Military

Have you ever served in the U.S. Armed Forces?

Yes

No

What type of discharge did you receive? _____

List job-related experience: _____

Are you presently a member of a Military Reserve Unit?

Yes

No

Other

Do you speak, read, or write any foreign languages?

Yes

No

If yes, please indicate which language: _____

Are you physically or otherwise able to perform the essential duties of the job for which you are apply with or without accommodation?

Yes

No

References

Please give the name, address, and telephone number of at least three (3) references that are not related to you and are not previous employers:

1. _____

2. _____

3. _____

4. _____

Instructions: List below present and past employment, beginning with your most recent employer. Complete **ALL** blanks. Please print or type. Describe all job duties performed which demonstrate your qualifications for the position for which you are applying. **BE ADVISED THAT A RESUME IS NOT A SUBSTITUTE FOR THE INFORMATION REQUESTED BELOW.** A resume can be attached as a supplement to the information given below. Failure to provide the information may result in disqualification from active consideration.

Employment Experience

Most Recent Employer: _____ Starting Date: _____
 Address: _____ Phone: _____ Ending Date: _____
 CITY STATE ZIP
 Name of Immediate Supervisor: _____ Starting Salary: _____
 Your Position: _____ Ending Salary: _____
 Reason for Leaving: _____ May we contact? _____
 Describe all duties performed in this position, especially those that demonstrate your qualifications for the position for which you are currently applying. Please be specific: _____

Next Previous Employer: _____ Starting Date: _____
 Address: _____ Phone: _____ Ending Date: _____
 CITY STATE ZIP
 Name of Immediate Supervisor: _____ Starting Salary: _____
 Your Position: _____ Ending Salary: _____
 Reason for Leaving: _____
 Describe all duties performed in this position, especially those that demonstrate your qualifications for the position for which you are currently applying. Please be specific: _____

Next Previous Employer: _____ Starting Date: _____
 Address: _____ Phone: _____ Ending Date: _____
 CITY STATE ZIP
 Name of Immediate Supervisor: _____ Starting Salary: _____
 Your Position: _____ Ending Salary: _____
 Reason for Leaving: _____
 Describe all duties performed in this position, especially those that demonstrate your qualifications for the position for which you are currently applying. Please be specific: _____

Next Previous Employer: _____ Starting Date: _____
 Address: _____ Phone: _____ Ending Date: _____

 CITY STATE ZIP
 Name of Immediate Supervisor: _____ Starting Salary: _____
 Your Position: _____ Ending Salary: _____
 Reason for Leaving: _____ May we contact? _____
 Describe all duties performed in this position, especially those that demonstrate your qualifications for the position for which you are currently applying. Please be specific: _____

Next Previous Employer: _____ Starting Date: _____
 Address: _____ Phone: _____ Ending Date: _____

 CITY STATE ZIP
 Name of Immediate Supervisor: _____ Starting Salary: _____
 Your Position: _____ Ending Salary: _____
 Reason for Leaving: _____
 Describe all duties performed in this position, especially those that demonstrate your qualifications for the position for which you are currently applying. Please be specific: _____

Next Previous Employer: _____ Starting Date: _____
 Address: _____ Phone: _____ Ending Date: _____

 CITY STATE ZIP
 Name of Immediate Supervisor: _____ Starting Salary: _____
 Your Position: _____ Ending Salary: _____
 Reason for Leaving: _____
 Describe all duties performed in this position, especially those that demonstrate your qualifications for the position for which you are currently applying. Please be specific: _____

Explain in detail any time lapses in the above record due to unemployment or other reasons:

Name _____

Do you have a current and valid Texas Driver's License? Yes _____ No _____

Driver' License # _____ State of Issue _____ Expiration Date _____

License Type: Operator _____ Commercial _____

License Class: A _____ B _____ C _____ Other _____

1. Have you ever had your license suspended, revoked, placed on probation or denied insurance? Yes _____ No _____

2. What is the number of traffic citations you have received in the last five years? _____

IMPORTANT – PLEASE READ

I understand that all information submitted and considered is subject to verification. I understand and hereby authorize and give permission for The City of Snyder to conduct verification and/or investigations including but not limited to criminal history, driving record, character, employment history, reputation, and any other job-related investigations that are necessary to determine my qualifications for employment. I authorize the schools, persons, previous employers and other organizations to provide The City of Snyder with any and all information about me. I hereby release any such schools, persons, previous employers and other organizations or individuals from any and all liability for damages of whatever kind which may result to me, including but not limited to, claims for negligence, which they might otherwise incur as a result of disclosing the information about me. This is a full liability release, which I am providing to both The City of Snyder and any and all previous employers, for any information that is needed or requested for consideration of employment either now, or in the future.

I understand that if I am offered employment with The City of Snyder, I will be required to take a post-offer physical examination and drug test. Any final offer of employment that I may receive will be considered upon the results of the post-offer physical exam. In addition, any positive results of the post-offer drug test will disqualify me from employment. I also understand that if I become employed with The City of Snyder, I will be required to comply with the company's drug testing program.

I understand that I am required to abide by all rules and regulations of The City of Snyder. The City of Snyder shall have the right to amend, modify, or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations now or hereafter in effect.

In consideration of my employment, I agree to conform to the rules and regulations of The City of Snyder and my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of The City of Snyder or myself. I understand that no employee or officer of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I certify that all statements and answers to all questions in this application are true, complete, and accurate, and are made in good faith. **I understand that falsification of any answers I have given will have serious consequences, including disqualification for employment and/or termination of employment without right of appeal.**

My employment shall be in accordance with the terms of this application, company rules and regulations, and any amendments thereto. The City of Snyder shall have the right to amend, modify, or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations now or hereafter in effect.

I have read and understand all sections of the above notice and agree to them without exception. Failure to sign this application shall result in an incomplete and disqualified application.

DATE _____ SIGNATURE _____

FAILURE TO SIGN WILL RESULT IN AN INCOMPLETE APPLICATION.

Name: _____ Social Security Number: _____
 Signature: _____ Date: _____

The following information is requested for **personnel use only**.

INSTRUCTIONS: Answer **all** questions. Omitted questions will be grounds for disqualification of your application. Falsification of information is grounds for disqualification of your application or immediate termination of employment. All certification statements agreed to on the general City of Snyder application apply to information given here.

WITHIN THE LAST FIVE (5) YEARS, HAVE YOU EVER BEEN DISCHARGED OR DISCIPLINED BY AN EMPLOYER FOR:

TARDINESS	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER _____
JOB ABANDONMENT	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER _____
OTHER ATTENDANCE RELATED PROBLEMS	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER _____
FIGHTING	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER _____
ASSAULT	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER _____
INSUBORDINATION	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER _____
VIOLATION OF SAFETY RULES	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER _____

EXPLAIN ANY "YES" RESPONSES GIVEN ABOVE: _____

HAVE YOU EVER BEEN DISCIPLINED OR DISCHARGED BY AN EMPLOYER FOR:

THEFT	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER _____
BEING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER _____
POSSESSION OF ALCOHOL OR DRUGS AT WORK	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER _____
SALE OF ALCOHOL OR DRUGS AT WORK	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER _____
UNAUTHORIZED REMOVAL OF EMPLOYER'S PROPERTY	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER _____
FALSIFYING EMPLOYMENT, EDUCATION, AND/OR APPLICATION INFORMATION, SEXUAL HARRASSMENT OR SEXUAL MISCONDUCT	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER _____

HAVE YOU EVER BEEN DISCHARGED (FIRED) FROM A JOB?	YES	NO	EMPLOYER _____
HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY EXCLUDING MINOR TRAFFIC OFFENSES?	YES	NO	
HAVE YOU EVER BEEN PLACED ON DEFERRED ADJUDICATION, DEFERRED PROBATION, OR DEFERRED PROSECUTION?	YES	NO	
ARE YOU CURRENTLY ON PROBATION OR COMMUNITY SUPERVISION?	YES	NO	
HAVE YOU EVER TESTED POSITIVE FOR A CONTROLLED SUBSTANCE IN THE LAST TWO YEARS?	YES	NO	
HAVE YOU EVER REFUSED A REQUIRED TEST FOR DRUGS OR ALCOHOL IN THE LAST TWO YEARS?	YES	NO	

EXPLAIN ANY "YES" RESPONSES GIVEN ABOVE AND GIVE DATES OF SAME. CONVICTION INFORMATION SHOULD INCLUDE STATE, COUNTY AND DATE OF OCCURRENCE. _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal

APPLICANT or EMPLOYEE NAME (Please print)

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 information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss mi information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L I 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 ____	NO _____ initial
Purpose of CCH: _____	
Hired	Not Hired
Date Printed: / / _____	initial
Destroyed Date: / / _____	initial
Retain in your files	

**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE
FCRA
(FAIR CREDIT REPORTING ACT)**

Date: _____

Last Name First Name Middle Initial

Maiden and/or Other Last Names Used

City* County* State*

Date of Birth** Social Security Number** Sex** Race**

I, _____, am an applicant for employment with City of Snyder and have been advised that as a part of the application process, the employer conducts a criminal history background check. I do hereby consent to the employer use of any information provided during the application process in performing the criminal history check. The employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the employer. Under the fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

*** AS SHOWN ON THE ORIGINAL APPLICATION**
**** TO BE USED ONLY FOR CRIMINAL HISTORY SEARCHES, AND NOT A PART OF THE PERSONNEL FILE.**

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) YES NO
If YES, please provide an explanation below:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO
If YES, Please provide an explanation below:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO
If YES, Please provide an explanation below:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO
If YES, Please provide an explanation below:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO
If YES, Please provide an explanation below:

5. As of the date of this authorization, do you have any pending criminal charges against you? YES NO
If YES, Please provide an explanation below:

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR HIGH SCHOOL GRADUATION. YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE.

CITY/TOWN	COUNTY	STATE	DATES FROM	TO

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

Signed this _____ day of _____, 20____

Applicant (Print Name) _____

Applicant Signature _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The fair credit reporting act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you — such as where you work and live, if you pay your bills on time, and whether you've been sued, arrested, or filed for bankruptcy — to creditors, employers, and other businesses. The FCRA gives you specific rights in dealing with CRA's, and requires them to provide you with a summary of these rights as listed below. You can find the complete text of the FCRA, 15 U.S.C. 1681 et seq., at the Federal Trade Commission's web site (<http://www.ftc.gov>).

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you — such as denying an application for credit, insurance, or employment — must give you the name, address, and phone number of the CRA that provided the report.
- You can find out what is in your file. A CRA must give you all the information in your file, and a list of everyone who has requested it recently. However, you are not entitled to a "risk score" or a "credit score" that is based on information in your file. There is no charge for the report if your application was denied because of information supplied by the CRA, and if you request the report within 60 days of receiving the denial notice. You are also entitled to one free report a year if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee of up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the items (usually within 30 days) unless your dispute is frivolous. The CRA must pass along to its source all relevant information you provided. The CRA also must supply you with written results of the investigation and a copy of your report, if it has changed. If an item is altered or deleted because you dispute it, the CRA cannot place it back in your file unless the source of the information verifies its accuracy and completeness, and the CRA provides you a written notice that includes the name, address and phone number of the source.
- Inaccurate information must be deleted. A CRA must remove inaccurate information from its files, usually within 30 days after you dispute its accuracy. The largest credit bureaus must notify other national CRA's if items are altered or deleted. However, the CRA is not required to remove data from your file that is accurate unless it is outdated or cannot be verified.
- You can dispute inaccurate items with the source of the information. If you tell anyone — such as a creditor who reports to a CRA — that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, they may not continue to report it if it is in fact an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to those who have a need recognized by the FCRA — usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers or that contain medical information. A CRA may not report to your employer, or prospective employer, about you without your written consent. A CRA may not divulge medical information about you without your permission.
- You can stop a CRA from including you on lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for

you to call and tell the CRA if you want your name and address excluded from future lists of offers. If you notify the CRA through the toll-free number, it must keep you off the lists for two years. If you request and complete the CRA form provided for this purpose, you can have your name and address removed indefinitely.

- You may seek damages from violators. You may sue a CRA or other party in state or federal court for violations of the FCRA. If you win, the defendant may have to pay damages and reimburse you for attorney fees. If you lose and the court specifically finds you sued in bad faith, you or your attorney may have to pay the defendant's fees.

You may have additional rights under state law. You may wish to contact a state or local consumer protection agency or a state attorney general to learn those rights.