

# 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

DATE YOU ARE AVAILABLE TO START WORK

DESIRED PAY

How did you learn about us?

Advertisement       Friend       Walk-in       City Employee  
 Employment Agency; which one? \_\_\_\_\_  Relative       Other

Last Name

First Name

Middle Name

Address

Number

Street

City

State

Zip Code

Home Telephone Number

Work or Message Phone

Social Security Number

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. \_\_\_\_\_



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: \_\_\_\_\_  
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. \_\_\_\_\_



**DISCLOSURE AND AUTHORIZATION – EMPLOYMENT OR VOLUNTEER**

In connection with my application for employment (including contract or volunteer services) with City of Snyder, consumer reports will be requested. These reports may include the following types of information as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, credit, judgments, bankruptcy proceedings, eviction's, criminal records, etc., from federal, state and other agencies that maintain such records.

In addition, investigative consumer reports gathered from personal interviews with former employers or landlords, past or current neighbors and associates of mine, etc. to gather information regarding my work or tenant performance, character, general reputation and personal characteristics and mode of living (lifestyle) may be obtained.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO OBTAIN AND FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to the consumer reporting agency: First Check Applicant Screening, P.O. Box 92033, Southlake, TX 76092, telephone number (888) 588-2525, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request. I hereby consent to your obtaining the above information from the agency.

**I HEREBY AUTHORIZE PROCUREMENT OF CONSUMER REPORT(S) AND INVESTIGATIVE CONSUMER REPORT(S).** If hired, contracted or accepted for "employment", this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract/volunteer) period.

California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The following information is being requested in order to conduct a background check on you:**

Full Name: \_\_\_\_\_

Other names you have used: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address (if you wish to be contacted this way): \_\_\_\_\_

Social Security No.: \_\_\_\_\_; Date of Birth: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_; State of Issue: \_\_\_\_\_

May we contact your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus that gather and sell information about your creditworthiness to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, which are summarized below. You may have additional rights under state law. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit), or write to: Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

**You must be told if information in your file has been used against you.** Anyone who uses information from a consumer reporting agency to deny your application for credit, insurance, or employment – or take another adverse action against you – must tell you and give you the name, address, and phone number of the agency that provided the information.

**You can find out what is in your file.** At any time, you may request and obtain your report from a consumer reporting agency. You will be asked to provide proper identification, which may include your Social Security number. In many cases the report will be free. You are entitled to free reports if a person has taken adverse action against you because of information in a report; if you are the victim of identify theft; if you are the victim of fraud; if you are on public assistance; or if you are unemployed but expect to apply for employment within 60 days. In addition, you are entitled to one free report every twelve months from each of the nationwide credit bureaus and from some specialized consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for details about how to obtain your free report.

**You have a right to know your credit score.** Credit scores are numerical summaries of a consumer's creditworthiness based on information from consumer reports. For a fee, you may get your credit score. For more information, click on [www.ftc.gov/credit](http://www.ftc.gov/credit). In some mortgage transactions, you will get credit score information without charge.

**You can dispute inaccurate information with the consumer reporting agency.** If you tell a consumer reporting agency that your file has inaccurate information, the agency must take certain steps to investigate unless your dispute is frivolous. For an explanation of dispute procedures, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**Inaccurate information must be corrected or deleted.** A consumer reporting agency or furnisher must remove or correct information verified as inaccurate, usually within 30 days after you dispute it. However, a consumer reporting agency may continue to report negative data that it verifies as being accurate.

**Outdated negative information may not be reported.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need as determined by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

**Your consent is required for reports that are provided to employers.** A consumer reporting agency may not give out information about you to your employer, or potential employer, without your written consent. Blanket consent may be given at the time of employment or later.

**You may choose to remove your name from consumer reporting agency lists for unsolicited credit and insurance offers.** These offers must include a toll-free phone number you can call if you choose to take your name and address off lists in the future. You may opt-out at the major credit bureaus by calling 1-800-XXXXXXX.

**You may seek damages from violators.** If a consumer reporting agency, a user of consumer reports, or, in some cases, a furnisher of information to a consumer reporting agency violates the FCRA, you may sue them in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.** Victims of identity theft have new rights under the FCRA. Active-duty military personnel who are away from their regular duty station may file "active duty" alerts to help prevent identity theft. For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

The FCRA gives several federal agencies authority to enforce the FCRA:

<b>TO COMPLAIN AND FOR INFORMATION:</b>	<b>PLEASE CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051