

City of Snyder

PO Box 1341, Snyder, Texas 79550-1341
325/573-9362 325/515-5102 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, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state, or local laws.

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. _____

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: _____
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. _____