

Application for Employment

Town of Fairview - 372 Town Place - Fairview, TX 75069 972 562-0522 (phone) - 972 548-0268 (fax)

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT LEGIBLY OR TYPE. ANSWER ALL QUESTIONS. RESUME WILL NOT BE ACCEPTED IN LIEU OF COMPLETED APPLICATION. Position(s) applying for: _ Date of application: Name: _ Social Security #: XXX—XX— (First) (Middle) Address: (Number & Street) (Apt. #) (City) (State) (Zip Code) __ Cell Phone/Other: ____ E-mail address: ___ Telephone: Are you over the age of 18? () yes () no If "no," can you provide a work permit? () yes () no Have you been employed by the Town of Fairview? () yes () no If yes, position(s) and dates: ____ Do you have relatives currently working for or holding office in the Town of Fairview? () yes () no. If yes, name: . (Town policy prohibits or limits hiring of relatives of employees or officials in certain circumstances.) Are you legally eligible for employment in the United States? () yes () no Are you eligible to work for all employers in the US or only current employer? () all () current (If hired, it will be necessary to provide proof of identity and legal authority to work in the US.) Date available for work: ______ Desired rate of pay: _____ Type of employment desired: () FT () Temporary If driving is required in the position for which you are applying: Type of license: Lic #: State: Exp. Date: Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into consideration. During the past 7 years, have you been convicted of or pled "guilty" or "no contest" to any criminal offense (excluding minor traffic () yes () no If yes, state nature of offense, when, where and disposition: EDUCATION: Your educational record will be considered only to the extent that it is relevant to the position for which you are applying. Starting with the most recent school you attended, provide the following information: School (include city & state) Did You Graduate No. Years Received Major Attended (circle one) (circle one) Subject GED/diploma/degree ves/no certificate/other/NA GED/diploma/degree ves/no certificate/other/NA GED/diploma/degree ves/no certificate/other/NA

ves/no

GED/diploma/degree

certificate/other/NA

ve contact your present employer?	() yes	() no	() later	
Employer:	Sı	upervisor's Name &	Title:	Pay Rate:
Address:				Telephone Number (including are code):
Dates of Employment:	Po	osition Title:		Reason for Leaving or Wanting to
From: To:				Leave:
Description of Duties:				
Specific office/clerical, computer/sof	ware skills utili:	zed; machinery/equi	pment operated &	certification/license required:
Employer:	Su	upervisor's Name &	Title:	Pay Rate:
Address;	-			Telephone Number (including are code):
Dates of Employment:	Po	osition Title:		Reason for Leaving or Wanting to
From: To:				Leave:
Description of Duties:				
Specific office/clerical, computer/soft	ware skills utiliz	zed; machinery/equi	pment operated &	certification/license required:
Employer:	Su	upervisor's Name & 1		Pay Rate:
Address:				Telephone Number (including are code):
Dates of Employment: From: To:	Po	osition Title:		Reason for Leaving or Wanting to Leave:
Description of Duties:				
Specific office/clerical, computer/soft	ware skills utiliz	zed; machinery/equip	oment operated &	certification/license required:
Employer:	Su	pervisor's Name & 1	Citle:	Pay Rate:
Address:				Telephone Number (including are code):
Dates of Employment;	Po	osition Title:	····	Reason for Leaving or Wanting to Leave:
From: To:				
Description of Duties:				
Specific office/clerical, computer/soft	ware skills utiliz	ed; machinery/equip	oment operated & o	certification/license required:
LS AND QUALIFICATIONS: n for which you are applying, such nery.	Summarize an as computer/so	ny special training, sl oftware skills, typing	kills, licenses and/o	or certifications that are relevant to the disability to operate specialized equipme

	<u>Telephone Number</u>	Relationship to You	# Yrs. Known
1)	<u> </u>		
2)			
3)			
ADDITIONAL INFORMATION/COMME such as professional affiliations, honors, awards a	NTS: List any other information that sand accomplishments.	should be considered in review	ing your qualifications,
APPLICANT STATEMENT:		-	
I certify that all information I have provided is correct.	n order to apply for and secure wo	rk with the Town of Fairviev	v is true, complete an
I expressly authorize, without reservation, the information from all references (personal all institutions and to otherwise verify the accumbereby waive any and all rights and claims I for seeking, gathering and using truthful and other persons, corporations or organizations. I understand that the Town of Fairview does used for the purpose of limiting or eliminal	nd professional), employers, publication of all information provided by may have regarding the Town of Fall non-defamatory information, in a later furnishing such information aboves not unlawfully discriminate in en	c agencies, licensing authorme in this application, resideriview, its agents, employed awful manner, in the employed me.	prities and educationaries or job interview. Here or job interview. Here or representatives yment process and a con this application is
applicable local, state or federal law. I understand that this application remains c			
Town of Fairview and still wish to be conside	ered for employment, it will be neces	ssary to reapply and fill out	ve not neard from the new application.
If I am hired, I understand that I am free to Town of Fairview reserves the same right to prior notice, except as may be required by la any specified period or definite duration. I ur to make any assurances to the contrary a language are valid unless they are in writing	o terminate my employment at any aw. This application does not consti nderstand that no supervisor or rep and that no implied oral or writter	y time, with or without caus itute an agreement or contra presentative of the Town of	se and with or withou act for employment for Fairview is authorize
I understand that any offer of employment completion of Town paid, post offer, pre-emedical history, to determine my ability to perfect the employment and safety or the health and safety desting of job-related skills may also be requesting of mental that I am require	employment alcohol and drug screeform the essential functions of my timpose an undue hardship to the of others.) A pre-employment psuired for some jobs. I hereby con	een and medical examination of job, with or without reasor Town and does not create ychological/ polygraph exal sent to having the results	on, which includes a hable accommodation a direct threat to you mination or additiona
also understand that if I am hired, I will be and that federal immigration laws require me	required to provide proof of identity to complete an I-9 Form in this reg	y and legal authority to wor ard.	k in the United States
	ov me that is found to be false inco	omplete or misrepresented	
sufficient cause to (i) eliminate me from furth	ner consideration for employment, or	or (ii) may result in my imm	in any respect, will be ediate discharge fron
understand that any information provided b sufficient cause to (i) eliminate me from furth the employer's service, whenever it is discoven DO NOT SIGN UNTIL YOU HAVE REA	ner consideration for employment, on ered.	or (ii) may result in my imm	in any respect, will b ediate discharge fron

NAME

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Dev: 2/11/04; Rev: 1/30/08, 12/9/09, 1/18/11, 12/13/18

DATE

APPLICANT EEO DATA FORM VOLUNTARY INFORMATION

We consider all applicants for positions without regard to age, race, religion, sex, color, national origin, citizenship, disability, veteran status or any other unlawful basis. We also comply with all applicable laws governing employment practices.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete the Applicant EEO Data Form. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

This form is not a part of your official application for employment. It will not be used for interviewing purposes or in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations and will be filed separately from your application.

APPLICANT EEO DATA FORM

The information requested is **optional** and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and **will not be considered** as part of the application for employment. It will be separated from the application.

1.	Position for which you					
2.	LAST NAME	FIRST		MIDDLE		3. XXX-XX- SOCIAL SECURITY #
4.	ADDRESS		CITY	STATE	ZIP	5
6.	Sex (CIRCLE ONE): M F	6. Birth Date:				receivione #
	Ethnic Origin (CHECK PREF		========	========	=======	=======================================
		Not of Hispanic or ca, or the Middle I		rsons having c	origins in ar	ny of the original peoples
	(B) Black (No Africa.	ot of Hispanic origi	in)—All perso	ons having orig	gins in any	of the Black racial groups (
	(H) Hispanic Spanish culture or			to Rican, Cuba	in, Central	or South American, or othe
		sia, the Indian Sub-	continent, or	the pacific Is		e original peoples of the Fa area includes, for example
						any of the original peoples of all affiliation or communit
		ll persons not in ca	_			
8.	======================================	No 9. Spouse of	Vet. (CIRCLE ON	E) Yes/No 10	. Orphan of	
==: 11.	How did you find out a	bout this job?	========			
	01 Fairview emplo	•		-	07 wall	
	03 professional or			-		nan Resources/Personnel n website/Internet
	04 job posting/tov	wn hall bulletin boa	ırd			C/Hire Texas
	05 Government Jo		·· ·			er
	06 Indeed			_		
===	**********************					
Apr	olicant Signature				Date	