



3219 California Parkway
Forest Hill, Texas 76119
817.568.3000

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Please Print

Position Applied For: _____ Today's Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____
 Number Street City State Zip Code

Telephone Numbers: _____

Social Security Number: _____

Best time to contact you at home is: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? [] Yes [] No

Have you ever filed an application with the City before? [] Yes [] No

If yes, give a date: _____

Have you ever been employed by the City before? [] Yes [] No

If yes, give a date: _____

Do any of your friends or relatives, other than spouse, work with the City? [] Yes [] No

Are you currently employed? [] Yes [] No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

Proof of citizenship or immigration status will be required upon employment [] Yes [] No

Date available for work: _____ What is your desired salary range? _____

Are you currently on "lay-off" status and subject to recall? [] Yes [] No

Can you travel if a job required [] Yes [] No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education:

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Employment Experience:

Start with your present or last job. Include any job-related, military service, assignments or volunteer activities. You may exclude organizations which indicate race, color, gender, national origin, disabilities, or other protected status.

Employer: _____

Address: _____

Telephone Number: _____

Job Title: _____ Supervisor: _____

Reason for leaving: _____

Dates Employed: From _____ To _____

Hourly Rate/Salary: Starting _____ Final _____

Employer: _____

Address: _____

Telephone Number: _____

Job Title: _____ Supervisor: _____

Reason for leaving: _____

Dates Employed: From _____ To _____

Hourly Rate/Salary: Starting _____ Final _____

Employer: _____

Address: _____

Telephone Number: _____

Job Title: _____ Supervisor: _____

Reason for leaving: _____

Dates Employed: From _____ To _____

Hourly Rate/Salary: Starting _____ Final _____

List professional, trade, business or civic activities and offices held. You may exclude organizations which indicate race, color, gender, national origin, disabilities, or other protected status.

Additional Information:

Other qualifications. Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of activities involved in such a job or occupation has been given. Yes No

References:

Name	Phone Number
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Name	Phone Number
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Name	Phone Number
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Applicant's Statement

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by an authorized executive of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized immigrants, persons hired must submit satisfactory proof of employment authorization and identity. Failure to submit such proof will result in denial of employment.

I understand and agree that any claim I may wish to file against the employer or any of its employees or agents regarding my employment or termination of employment (including, but not limited to any claim for any tort, discrimination, breach of contract, violation of public policy, or statutory claim for wrongful termination) must be submitted for binding and final arbitration before an Alternative Dispute Resolution forum within six months of either the occurrence, of which I am complaining or the termination of my employment, whichever occurs first. I +specifically agree not to commence any such claim more than six months after the date of termination of my employment and waive any statute of limitations to the contrary.

I understand this application will be active for a period of 45 days; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer can thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release there from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant

Date