City of Hamilton

200 E Main St, Hamilton, Texas 76531 (254) 386-8116 Fax: (254) 386-3508

Application for Employment

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, martial status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to information obtained from a consumer reporting agency, including but not limited to information regarding credit data, personal character, general reputation and mode of living. This list, however, is not exhaustive of the grounds on which discrimination is prohibited. The City of Hamilton is an Equal Opportunity Employer.

PERSONAL Date: _____

Name: _____
Last First Middle

Social Security No:_____ Telephone: _____

Address: _____
No. Street City State Zip

E-Mail: _____

(PLEASE PRINT PLAINLY)

Are you legally eligible for employment in the USA? YES_____ NO _____
If hired you are required to submit proof of your eligibility to work in the USA.
Are you a Veteran? YES_____ NO_____ Branch:_____ Highest Rank: _____
Are you over the age of eighteen? YES_____ NO _____
If no, hire is subject to verification that you are of minimum legal age.
Position(s) applied for:_____
Were you previously employed by The City of Hamilton? YES_____ NO_____ If yes, when? _____
If your application is considered favorably, on what date will you be available for work? _____

Are there any other job related experiences, skills or qualifications which will be of special benefit in the job for which you are applying? _____

_____

_____

Special Licenses, Registrations Possessed: _____

_____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did You Graduate?	List Diploma or Degree
Elementary			5	6	7	8	☐ Yes ☐ No	
High			1	2	3	4	☐ Yes ☐ No	
College			1	2	3	4	☐ Yes ☐ No	
Other (Specify)			1	2	3	4	☐ Yes ☐ No	

PERSONAL REFERENCE (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

Please list any relatives that are employed by The City of Hamilton: _____

_____

Do you have a valid Texas Drivers License? Yes_____No _____

Type of License: Class A _____ Class B _____ Class C _____ DL #: _____

Do you have any type of restrictions on your Drivers License? Yes_____No _____

If yes, what type of restriction? _____

Please List any additional special skills, technical or professional knowledge that would support your application:

_____

_____

_____

_____

_____

EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent, including military experience, accounting for any periods of time during which you were not employed.

I

Name and Address of Company and Type of Business	From/To Mo.	From/To Yr.	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
			Describe the work you did:			
Telephone						

II

Name and Address of Company and Type of Business	From/To Mo.	From/To Yr.	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
			Describe the work you did:			
Telephone						

III

Name and Address of Company and Type of Business	From/To Mo.	From/To Yr.	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
			Describe the work you did:			
Telephone						

IV

Name and Address of Company and Type of Business	From/To Mo.	From/To Yr.	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
			Describe the work you did:			
Telephone						

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

Employer I? Yes _____ No_____

Employer II? Yes _____ No_____

Employer IIII? Yes _____ No_____

Employer IV? Yes _____ No _____

Signed: _____

May we telephone you to follow up on this applications at home? Yes_____No _____

If yes, what is the best time to call?_____

May we telephone you to follow up on this applications at work? Yes_____No _____

If yes, what is the best time to call?_____

What is your business telephone number?_____

Please list and describe any volunteer work experience you may have:_____

Have you ever been discharged or requested to resign? Yes_____No _____

If yes, please explain:_____

Have you ever been convicted of a crime, other than a minor traffic violation: Yes _____ No _____

(Conviction will not necessarily disqualify applicant for employment)

If Yes, list type and date of conviction: _____

Has your driver's license ever been revoked? YES_____NO _____

If Yes, when and why? _____

PRE-EMPLOYMENT CONSENT FORM FOR SUBSTANCE TESTING

I hereby give my consent to a physical examination, including but not limited to the collection of a blood, urine or breath sample to be submitted for an alcohol, drug and controlled substance or any combination thereof, abuse screening test. Further, I hereby consent to the release of the test results to those City officials who make employment decisions for the City. I understand that any positive result from such test, like any other pre-employment investigation, which indicated my inability to satisfactorily perform the job for which I am applying may preclude my employment, and that the City shall be under no obligation to disclose to me the results of the test, or provide any reasons for my not being employed. Furthermore, I understand that my failure to execute this voluntary consent will result in my not being considered further for employment.

_____

Signature of Applicant

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an 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 and then only in a writing signed by an officer.

_____

Signature of Applicant