Instructions to Applicant: Thank you for your interest in employment opportunities within the City of Dalworthington Gardens. In order for us to successfully process this application, we ask that you print clearly and use ink. Please answer all questions. We cannot process an incomplete application. If you require accommodations to complete this application or any pre-employment assessments, please notify the Human Resources Department.

PERSONAL

Last Name:	First Name:				Email:		Date:
Home Address:							
City:			State:			Zip Code:	
Home Phone:	Work Phone:				Email:		
Drivers License Number: State of Issuance:			ance:		Social Security Number:		
Have you ever applied for employment with us?	Yes	: No	o:	If Yes,	Month:		Year:
Position Desired (MUST be a specific and open pos	ition.)			-			
Are you willing to work: Full-Time	Part-Time	e	Temporary/:	Seasonal	Yes:	No:	Availability:
Are you legally eligible for employment in the United States? Yes:			Yes:	No:		When are yo	ou avalible to start?
Have you ever been convicted of a misdemeanor o	r a felony oth	ner than mind	or traffic viola	ntions?		Yes:	No:
If yes, please explain. Also, list what counties/states							
		EMPLO	YMENT HIST	ORY			
Please give accurate, complete full-time and part-time employment records for the last seven (7) years. Use additional sheets of paper if necessary. Start with your present or most recent							
employer. Do not write "see resume".							
1. Name of Employer:				Start Date:			End Date:
Address:							
City:			State:				Zip:
Starting Position:	Last Position	:		Starting Pay:	:		Ending Pay:
none Number:: Name and Title of Immediate Supervisor:							
Reason for Leaving?							
2. Name of Employer:				Start Date:			End Date:
Address:							
City:			State:				Zip:
Starting Position:	Last Position	:		Starting Pay:	:		Ending Pay:
Phone Number::		Name and Ti	itle of Immed				
Reason for Leaving?							
0-							

3. Name of Employer:			,	Start Date:	End Date:		
Address:					•		
City:			State:		Zip:		
Starting Position:	Last Position	า:	:	Starting Pay:	Ending Pay:		
Phone Number:	-	Name and T	itle of Immedi	ate Supervisor:			
Reason for Leaving?							
4. Name of Employer:				Start Date:	End Date:		
Address:							
City:			State:		Zip:		
Starting Position:	Last Position	ղ։	:	Starting Pay:	Ending Pay:		
Phone Number:		Name and T	itle of Immedi	ate Supervisor:			
Reason for Leaving?							
We may contac	t the employers listed	l above unle	ss you indicate	those you do not want u	s to contact.		
Employer Name(s)	Employer Name(s)			Reason?			
Employer Name(s)							
Employer Name(s)			Reason?				
Employer Name(s)			Reason?				
Employer Name(s)			Reason? EDUCATION				
Employer Name(s)							
Employer Name(s) Name and Location			EDUCATION				
	11 1		EDUCATION	ree			
Name and Location		2	EDUCATION High School				

Diploma/Degree

Diploma/Degree

Diploma/Degree

Trade or Technical School

Graduate/Professional

2

Years Completed

Name and Location
Years Completed

Name and Location

Years Completed

3

3

3

Please describe any courses, programs, or other activities in which you participated that relate to the position for which you are applying.							
MILITARY SERVICE							
Did you serve in the U.S. Armed Forces?	Yes:	No:	If yes, what Brar	nch?			
Please describ	e any job-re	lated training receiv	ed in the United S	tates Military			
MISCELLANEOUS							
List any professional certificate / license or		memberships relate u possess that may b			are applying. Also, list a	ny foreign	
iangu	age skills you	a possess that may t	de of beliefit iii tii	is position.			
Do you have any relatives working for the City of Da	lworthingtor	n Gardens?	Yes:	No:			
If yes, please give name(s).							
Have you ever worked for the City of Dalworthington	ns?	Yes:	No:				
If yes, when and under what name?							
BUSINESS REFRENCES							
Name and Title:		Company:			Phone Numbe	r:	

EDUCATION

Certification and Agreement

Please Read Carefully Before Signing:

I certify that the information contained in this application is true and correct to the best of my knowledge and understand that any false statement or omission on this application will be grounds for rejection of my application, or if employed, dismissal. I further understand that The City of Dalworthington Gardens is an at-will employer and that this application document is not a contract for employment.

- I consent and authorize the City of Dalworthington Gardens to conduct an investigation, including, but not limited to, verification of employment-related information. I authorize my former employers, schools and business references to provide any information they have regarding me and release them from any and all liability resulting from the release of such information to the City of Dalworthington Gardens. I understand that the information provided in this application will be used solely for determining my eligibility for employment.
 - I understand that in accordance with the City of Dalworthington Gardens's Drug Free Workplace Policy, all applicants being considered for
 employment must satisfactorily pass a urine test for the purpose of determining the presence of illegal drugs or alcohol abuse.
- I understand that if an offer of employment is made, I must provide documentation evidencing my eligibility for employment in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.
- I consent and authorize the City of Dalworthington Gardens to solicit information about my background, including, but not limited to, information about my driving record, criminal record, and general public record history. I understand that I am entitled to be advised of the nature and scope of the investigation required within a reasonable time after I ask for this information in writing. I release the City of Dalworthington Gardens, its respective employees and agents, and all persons, agencies, and entities providing information or reports about me from any and all liabilities arising out of the release of such information and reports.
- If employment is obtained under this application, I will comply with all policies and regulations of the City of Dalworthington Gardens. I agree to be responsible for city property and equipment issued to me by the City of Dalworthington Gardens until returned by me and to pay for property and equipment not returned. I agree to submit to drug/alcohol tests (random or otherwise) and additional background checks (criminal, credit and motor vehicle), if required by the city.

Applicant Signature	Date