

# City of Edgewood



## Application for Employment

Mail or submit original employment application to:

City of Edgewood  
107 NE Front  
P.O. Box 377  
Edgewood, TX 75117  
(903) 896-4448  
Fax (903) 896-1369

City of Edgewood Website: <http://www.edgewoodtexas.org>

A fax copy of the employment application may be submitted in addition to the original employment application.

# CITY OF EDGEWOOD EMPLOYMENT APPLICATION

The City of Edgewood prohibits discrimination in employment because of race, color, religious, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Valid TX Driver's license? Y/N Driver's license #: \_\_\_\_\_ (requested only if applicable to job description)

Are you authorized to work in the United States on an unrestricted basis? \_\_\_\_\_

(Proof of citizenship or immigration status will be required upon employment)

Rate of pay desired: \_\_\_\_\_ Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

Specify days and hours if part time: \_\_\_\_\_

Have you ever been employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

During the last five years, have you ever been convicted of, or have you pleaded guilty or no contest to, or received deferred adjudication, probation, or any program of supervision, restriction, or other alternative in lieu of a fine or imprisonment for any criminal offense (misdemeanor or felony)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

If selected, what date would you be available for work? \_\_\_\_\_

List all licenses/certifications:

Type	Issuing Agency	License/Certification Number	Expiration
_____	_____	_____	_____
_____	_____	_____	_____

Describe any specialized training, apprenticeship, skills and extra-curricular activities: \_\_\_\_\_

Indicate any foreign languages you can speak, read and/or write: \_\_\_\_\_

## RECORD OF EDUCATION

School Name/Address of School	Course of Study	Years Completed	Diploma/Degree
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High School: \_\_\_\_\_

College: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT. REPORT ALL ACTIVITIES FOR THE PAST TEN YEARS. TO BE CONSIDERED FOR EMPLOYMENT, YOU MUST ACCOUNT FOR PERIODS OF UNEMPLOYMENT, MILITARY SERVICES, SCHOOLS, ECT. ATTACH ADDITIONAL PAGES IF NECESSARY. A RESUME WILL NOT SUBSTITUTE FOR THIS APPLICATION, BUT MAY BE ATTACHED.

1. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Employed From/To (Month/Year): \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hourly Rate/Salary – Starting: \_\_\_\_\_ Hourly Rate/Salary – Final: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone #: \_\_\_\_\_

2. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Employed From/To (Month/Year): \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hourly Rate/Salary – Starting: \_\_\_\_\_ Hourly Rate/Salary – Final: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone #: \_\_\_\_\_

3. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Employed From/To (Month/Year): \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hourly Rate/Salary – Starting: \_\_\_\_\_ Hourly Rate/Salary – Final: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone #: \_\_\_\_\_

May we contact the employers listed above? \_\_\_\_\_

If not, indicate by # which one(s) you do not wish us to contact: \_\_\_\_\_

**MILITARY SERVICE RECORD**

Were you in the Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Dates of Duty: From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ List duties in the service, including Special Training: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Is there anything in your background, training, education, professional experience, etc., that makes you feel qualified for the position for which you are applying? If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL/PROFESSIONAL REFERENCES (do not include family members)**

Name and Occupation

Address

Phone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My signature below signifies that the information that I have provided is true and complete.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

# TERMS AND CONDITIONS OF EMPLOYMENT

The City of Edgewood is an equal opportunity employer, and selects the best-matched individual for the job based upon job-related qualifications, regardless of race, color, creed, sex, national origins, age, handicap or other protected groups under, state, federal or local opportunity laws.

## I UNDERSTAND AND AGREE THAT:

1. Completing this application will in no way assure that I will be employed.
2. This application was completed by me; all entries on it and information in it are true and complete to the best of my knowledge and any misrepresentation of information given shall be considered as an act of dishonesty subjecting me to the disqualification or discharge when discovered. I will furnish freely such information or documents that may be required to complete my employment file.
3. In consideration of my being considered for employment and/or being employed I hereby agree to submit to a physical examination and pre-employment drug test and any other applicable job related testing or screening that is required as a condition of employment by the City, and I do hereby release and assign unto the City of Edgewood all rights, title and interest that I may subsequently acquire in all records and reports arising out of or in connection with said to receive copies thereof, without the prior written consent of the City of Edgewood.
4. If employed, I agree to conform to the rules and regulations of the City and that my employment will or sufferance of the City subject to termination without recourse at any time for any or no reason. In partial consideration for accepting an offer of employment with the City of Edgewood at any time for any reason subject only to a two-week's advance notice of my intentions to terminate my employment and reservation of any and all vested fringe benefits to which I am entitled pursuant to former or existing fringe benefit programs in effect during the course of employment.
5. I authorize the release of my education records by any educational agency or institution, which I have attended and secure a credit report including information as to my character, general reputation, personal characteristics, and mode of living. I may receive the name of the investigating consumer reporting agency from whom I may make a written request to receive full disclosure of any such investigative consumer report within five days following the date of my written request to receive the same.
6. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Edgewood is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive.
7. I also understand that all municipal employees, in the course and scope of their employment, will be considered essential during emergency situations.

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Signature

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Date

## RELEASE OF INFORMATION AGREEMENT

**To whom it may concern:** I am an applicant for a position with the City of Edgewood. The city needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all-relevant information concerning my personal and employment history is disclosed to the City of Edgewood. I hereby authorize any representative of the City of Edgewood bearing this release to obtain any information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Edgewood, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of background investigation that may provide pertinent data for the City of Edgewood to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, education records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other council, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all other from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or association because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Edgewood regardless of any agreement I may have made with you previously to the contrary. The City of Edgewood requesting the information requested. For and in consideration off the City of Edgewood's acceptance and processing my application if you refuse to disclose the information requested.

For and in consideration of the City of Edgewood's acceptance and processing of my application for employment, I agree to hold all previous employers, it's agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Edgewood. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Edgewood in conjunction with employment procedures. A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. This waiver is valid of a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this application. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this application form. I agree to indemnify and hold harmless the person to who this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Voluntary EEO Identification Form

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position of which and individual applies. The information requested is for compliance with certain record keeping requirements. The City of Edgewood believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status, or any other protected group status.

**Disclaimer:**

This information does not become part of the hiring process, nor will the information be considered by those involved in the hiring process.

Please Print or Type

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position applies for: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Race/Ethnic Data: Race/Ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purpose of the information gathering tool, select the group(s) identified with.

- White (not of Hispanic origin) – A person having origins in any of the original peoples of Europe, the Middle East, or North America.
- Black (not Hispanic origin) – A person having origins in any of the black racial groups of Africa.
- Hispanic – A person having origins of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or Pacific Islander including China, India, Japan, Korea, the Philippine Island, and Samoa
- American Indian or Alaskan Native – A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Are you presently an employee of the City of Edgewood?      Yes \_\_\_\_\_      No \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date