

EMPLOYMENT APPLICATION

128 N. Dallas Ave. Wilmer, Texas 75172 PHONE: 972-441-6373 Return application to: hr@cityofwilmer.net

The City of Wilmer is an Equal Opportunity Employer and encourages applications from eligible and qualified persons regardless of race, color, religion, sex, age, national origin or physical disability.

Your interest in employment with the City of Wilmer is appreciated. In order to gain a better understanding of your background and work history, we ask that you answer all questions completely and to the best of your knowledge. Information provided is subject to verification.

Incomplete applications will not be considered. Resumes will not be accepted in lieu of application.

POSITION APPLYING FOR:	D	ATE:	
			-

PERSONAL INFORMATION						
Last Name		First		Middle		
Street Address		·		·		
City		State		ZIP		
Phone	Alternate P	hone:	Em	ail:		
Are you at least 18 years of age?	YES N	NO				
Are you currently employed elsewhere?	YES N	NO Are you on	layoff status and	subject to re	ecall? YES	NO
Are you legally eligible for employment in the	United State	s? YES NO				
Do you work for or have you ever worked for	the City of W	Vilmer before? YES	NO If y	/es, please <u>c</u>	jive dates and	d positions held:
Have you filed an application with the City of	Wilmer befor	e? YES NO	If yes, when?	?		
Are you related by blood or marriage to any C	City Council m	nember or employee o	f the City of Wilme	er? YES	NO	If yes, whom?
Name	Re	elationship		Department	8	
Name	Re	elationship		Department	t	
Check all types of work that you will accept:	FULL TIME	PART TIME	TEMPORARY	DAYS	NIGHTS	SHIFTS
When are you available to begin work?						
Have you read and do you understand the rea	quirements o	f the job for which you	have applied?	YES	NO	
Can you perform the essential functions of thi	s job with or	without a reasonable	accommodation?	YES	NO	

EDUCATION, TRAINING, AND SKILLS Do you have a high school diploma? YES NO Do you have a GED? YES NO Diploma or GED certificate received from______ City and State______ City and State______

College, Post Graduate, Technical, or Vocational School:

Name	Location	Course of Study	Years Completed	Degree Received

Describe any other specialized training, apprenticeships, professional licenses:		
Describe any other specialized training, apprentices lips, professional licenses.		
List any other skills related to the job for which you are applying:		
Do you have a valid Texas driver's license? YES NO License #		
Type of License: Operators Class A CDL Class B C	DL Class C CDL	
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Has your driver's license ever been suspended or revoked? YES NO	If yes, please explain:	

EMPLOYMENT HISTORY

Beginning with the most recent, list all employment for the past ten (10) years. ALL APPLICABLE BLANKS MUST BE COMPLETED. Resumes may not be submitted in place of employment history, but may be attached as a supplement to your application.

If any employment was under a different name, indicate name: _

Employer	Phone ()	
Position Held	Employment Dates	
Address		Salary \$
Type of Business	Supervisor	
May we contact this employer? YES NO		
Brief descriptions of duties:		
Reason for leaving:		

Employer	Phone ()	
Position Held	Employment Dates	
Address		Salary \$
Type of Business	Supervisor	
May we contact this employer? YES NO		
Brief descriptions of duties:		
Reason for leaving:		

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Reason for leaving:		

Employer	Phone ()	
Position Held	Employment Dates	
Address		Salary \$
Type of Business	Supervisor	
May we contact this employer? YES NO		
Brief descriptions of duties:		
Reason for leaving:		
Please explain any periods of unemployment:		
Have you been discharged or payed to use on furn a job within the last ter		
Have you been discharged or asked to resign from a job within the last ten	(10) years? YES NC	If yes, please explain:

PROFESSIONAL REFERENCES

List three professional references whom you have known for at least three years – **DO NOT** include relatives.

Full Name	Relationship
Address	Phone ()
How long have you known this person?	Alt. Phone ()
	·
Full Name	Relationship
Address	Phone ()
How long have you known this person?	Alt. Phone ()
	I
Full Name	Relationship
Address	Phone ()
How long have you known this person?	Alt. Phone ()

OTHER				
How did you learn of this jo	b opening? (Check one)			
Advertisement 🗌 Adver	tisement Source?			
Workforce Commission	City of Wilmer Website	City Employee	Walk In	Other

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all information given on this application is true, correct, and complete to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment and is cause for immediate dismissal.

I hereby authorize any corporation, former employer, educational institutions, law enforcement agencies, city, county, state, and federal courts, and military services to release information about my background including, but not limited to, information about employment, education, criminal record, driving record, and general reputation. I agree to furnish any additional information required to complete the background check. I release all relevant parties from all liability resulting from furnishing such information. I indemnify the City of Wilmer against any liability which may result from making such inquiries.

I also understand that employment with the City of Wilmer is contingent upon the results of an employment physical and drug alcohol screen.

I further understand that this is an application for employment and that no employment contract, whether expressed or implied, is being offered. I also understand that, if employed, such employment is for no fixed or definite period and is subject to change in wages, conditions, benefits, and operating policies. Any employment is "at will" and may be terminated at any time, with or without notice.

Signature of Applicant

Date