



EMPLOYMENT APPLICATION

An Equal Opportunity Employer
Visit us on the Web at www.abilenetx.com
Job Line: (325) 676-6247; Phone: (325) 676-6347



Instructions: Please read the instructions before completing the application. All applications for employment with the City of Abilene must be made on this form and a separate application is required for each position. You may make copies of this application and enter different position titles, but each copy must have an original signature. A resume may be attached, but you must complete all spaces on the application to be considered for employment. All information submitted is subject to verification. A false or misleading statement may result in your disqualification. If you are in need of an accommodation to complete this application, please contact Human Resources at the address and phone number above. Return your application to the Human Resources Employment Information Office according to one of the options on Page 4 under Application Return Process. *Please clearly print or type all answers.*

POSITION TITLE: _____ **DATE AVAILABLE FOR WORK:** _____

PERSONAL DATA

NAME: _____ **SOCIAL SECURITY NUMBER** _____
Last First Middle

CURRENT ADDRESS: _____
Number & Street City State Zip

List any other names used if different from name given on application: _____

PHONE: Home (____) _____ Work (____) _____

E-MAIL ADDRESS: _____

EDUCATION & TRAINING

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 **High School Diploma or G.E.D.** Yes No

Type of School	Name & Location of School	Sem/Clock Hours Completed	Graduated		Expected Graduation Date	Type of Diploma or Degree	Major/Minor Field of Study
			Yes	No			
Colleges or Universities							
Technical, Vocational or Business Schools							

If a license, certificate or other authorization is required/related to position for which you are applying, complete the following:

License/Certification (PE, R.N., Attorney, CPA, etc.)	Date Issued	Issued By (state or other authority)	License Number	Location of Issuing Authority (city & state)

SPECIAL TRAINING: List any special training program or courses you have attended which you feel may add to your qualifications. List course, date and institution (including military training).

COURSE TITLE	DATE	GRANTING INSTITUTION

SPECIAL SKILLS/QUALIFICATIONS: List special skills or qualifications (not listed above) you possess which you believe further qualify you for the position for which you are an applicant (include computer languages, types of computers and computer software, word-processing, typing speed, 10-key calculator, specialized equipment or machines, tools, vehicles, heavy equipment or memberships).

GENERAL INFORMATION

DRIVER'S LICENSE: State: _____ Number: _____ Expiration Date: _____

Type of Driver's License:
 Class A Class B Class C Class M Class A Commercial Class B Commercial Class C Commercial

CDL Endorsement(s):
 Tank Vehicle Double/Triple Trailer Hazardous Materials Passenger
If the position requires a commercial driver's license, please complete additional information on the Commercial Driver's License Supplement.

DISMISSALS AND/OR FORCED RESIGNATIONS: Have you ever been fired or forced to resign from any position?
(Check one) Yes No If answer is Yes to either or both of these questions, please explain below.

Have you ever been convicted of a **MISDEMEANOR** or **FELONY** and/or placed on probation, fined or given a suspended sentence such as deferred adjudication in court? List all cases other than minor traffic violations. PLEASE NOTE: A full disclosure by you is to your advantage as your record does not constitute an automatic bar to employment. Factors such as, but not limited to, age at time of offense(s) and recency of offense(s) as well as the relationship between the offense(s) and the job(s) for which you apply will be taken into account. **HOWEVER, FAILURE TO ADMIT CONVICTIONS WILL RESULT IN DISQUALIFICATION OF YOUR APPLICATION FOR ONE YEAR.**

(Check one) Yes No If Yes, please provide the following:

Date: ___/___/___ Charge: _____ City/State: _____

Disposition: _____

Date: ___/___/___ Charge: _____ City/State: _____

Disposition: _____

(If you need additional space, please attach a sheet listing information in the same format. Include your printed name and signature.)

Have you ever been employed in any capacity by the City of Abilene? (Check One) Yes No If yes, please indicate:

Title of Position: _____ Department: _____
Dates of Employment: _____

Are you related to any person employed by the City of Abilene? (Check One) Yes No If yes, please indicate:

Name: _____ Relationship: _____
Department: _____ Position: _____

EMPLOYMENT HISTORY

In the space provided below, give your employment history beginning with your present or most recent employer. List each position held (even those with the same employer), including military, part-time, summer, volunteer work, and any periods of unemployment. **An explanation of any period of unemployment should be included on page 4.**

Employer: _____	Start Date	End Date
Address/City/State: _____		
Phone: () Job Title: _____		
Supervisor: _____ Title: _____	Starting Salary	Final Salary
Reason for Leaving: _____		
Briefly Describe the Nature and Duties of Your Position		

Employer: _____	Start Date	End Date
Address/City/State: _____		
Phone: () Job Title: _____		
Supervisor: _____ Title: _____	Starting Salary	Final Salary
Reason for Leaving: _____		
Briefly Describe the Nature and Duties of Your Position		

Employer: _____	Start Date	End Date
Address/City/State: _____		
Phone: () Job Title: _____		
Supervisor: _____ Title: _____	Starting Salary	Final Salary
Reason for Leaving: _____		
Briefly Describe the Nature and Duties of Your Position		

Employer: _____	Start Date	End Date
Address/City/State: _____		
Phone: (____) _____ Job Title: _____		
Supervisor: _____ Title: _____	Starting Salary	Final Salary
Reason for Leaving: _____		
Briefly Describe the Nature and Duties of Your Position		

Explanation of any periods of unemployment between jobs:

GENERAL INFORMATION

I, the undersigned, certify that I have *read* and *fully understand* this form in its entirety and that the information provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or discharge from the City of Abilene service. In submitting this application, I authorize the City of Abilene to verify all data needed to support this application and to obtain references from my present and past employers. I further understand that this application becomes the property of the City of Abilene and will not be returned.

I also understand that I will have the right to terminate my employment with the City of Abilene at any time without notice and for any reason. I understand that the City of Abilene has the same right. If required for the position, I also understand that as a condition of employment I will be subject to one or more of the following: driving record check, criminal history investigation, medical examination and/or a pre-employment drug-alcohol screening test. An employment offer received from the City is contingent upon information received.

Signature of Applicant

Date Signed

WE THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE CITY OF ABILENE.

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION RETURN PROCESS

You may return your application as follows:

- 1.) Bring it to 555 Walnut Street, Abilene, Texas, Room 103
- 2.) Mail it to Human Resources, P.O. Box 60, Abilene, TX 79604-0060
- 3.) Fax it to (325) 676-6212, and mail the original to the address in #2.

CONFIDENTIAL

EMPLOYMENT APPLICATION SUPPLEMENT FORM

TO THE APPLICANT: The commitment of the City of Abilene to a policy of equal employment opportunity requires that certain information be gathered and documented for statistical purposes. The following information is requested for Human Resource Office use only in order to assist us in complying with EEO reporting guidelines. Since this information will **NOT** be considered for employment purposes, this page will remain separate from your Employment Application and will not be available for review at any time during the applicant selection process. In addition, upon employment this information will not be used for any subsequent personnel decision.

PLEASE COMPLETE THE FOLLOWING:

1. Name: _____ 2. SSN: _____

3. Address: _____ City: _____ State: _____ Zip: _____

4. Position for which you are an applicant: _____

5. Date of Birth: _____ 6. Sex: Male Female

7. Please indicate source from which you learned of this position. (Check One)

Newspaper _____ Radio _____ Television _____
Name of Newspaper Name of Station Name of Station

Employment Agency Referred by City Employee _____
Name of Employee

Career Fair _____ Saw Poster _____ Received Flyer _____
Location Location Location

City's Job Line Publication _____ City's Web site Read City's Job Announcement
Name of Publication

Other Computer/Internet Location _____ City's Bulletin Board
Name of Location

College Recruiting Station _____ Military Recruiting Station _____
College Location

Other Recruiting Station _____ College Placement or Professor _____
Location College

PLEASE CHECK THE PROPER RESPONSE (* Note below)

8. **Race:** Native American African American White Hispanic Asian American Other

9. **Americans With Disabilities Act status:** Disabled Non-Disabled

MILITARY SERVICE STATUS (Please check all that apply)

10. Veteran Non-Veteran Active Duty Reserves/Guard

11. Discharge Date: _____
Month Day Year

*** NOTE:** For purposes of EEO statistical tabulation, the following categories are used:

NATIVE AMERICAN – Includes persons who identify themselves or are known as such by virtue of tribal association.

AFRICAN AMERICAN – Includes persons of African descent as well as those identified as Jamaican, Trinidadian, and West Indian.

WHITE - Includes persons of Indo-European descent, including Pakistani and East Indian persons.

HISPANIC - Includes persons of Mexican, Puerto Rican, Cuban, Latin American, or Spanish descent.

ASIAN AMERICAN – Includes persons of Japanese, Chinese, Korean, or Filipino descent.

OTHER - Includes Eskimos, Malaysians, Thais, and others not covered above.

Signature of Applicant

Date Signed



DISCLOSURE AND AUTHORIZATION FORM

This disclosure is being provided to you pursuant to the Federal Fair Credit Reporting Act (“FCRA”), 15 U.S.C. 1681 and Federal Trade Commission Regulations contained in 16 C.F.R. Part 601, Appendix C.

By this document, the City of Abilene discloses to you that a consumer report, which may include your criminal history, driving record and other background information, may be obtained for employment purposes as part of the pre-employment background investigation to evaluate your eligibility for hire and at any time during your employment.

I voluntarily and fully authorize the City of Abilene to obtain a consumer report as part of the hiring process. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the City of Abilene to obtain consumer reports at any time during my employment period.

Please sign below to signify that this information has been disclosed to you and that you provide authorization to the City of Abilene.

Signature of Applicant

Date Signed