

City of Coolidge

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Employment Application

An Equal Opportunity Employer

We welcome and appreciate your interest in employment with the City of Coolidge. We are an equal opportunity employer. No question on this application is intended to secure information for discriminatory purposes.

Applicants are required to submit accurate, complete, and truthful information in response to questions on this application, on a resume, and other information provided, including post-offer medical history information and information related to the post-offer drug test. Failure to do so will be grounds for rejection of this application. Applicants must provide supplemental written information where necessary to accurately and completely respond to questions. If the applicant selected for this position is not a city employee, his/her employment history will be checked for a minimum of two previous employers, or for the past ten years, whichever is greater. If the applicant is a city employee, a review of the employee's personnel file and a reference check of the immediate supervisor will be reviewed.

This form is part of the examination process. Before completing the application, consider the duties of the job with or without reasonable accommodation and minimum qualifications for the specific job for which you are applying. You must meet the minimum qualifications of the position to be considered.

The City of Coolidge reserves the right to disqualify any application which is incomplete. This application may be completed at your convenience; however, failure to provide required documents by the published recruitment deadline may result in disqualification. All applicants are required to complete an application form prior to interviewing for a position. (Resumes will not be accepted in lieu of completing the application but may be attached.)

Please Print or Type

Position Applied For _____ Today's Date _____

Last Name _____ First Name _____ Middle Initial _____

Have you ever used another name for work, school or other purposes? ___ Yes ___ No **If yes**, provide below:

Last Name _____ First Name _____ Middle Initial _____

Last Name _____ First Name _____ Middle Initial _____

Have you ever applied for a position with the City of Coolidge before? ___ Yes ___ No **If yes**, provide below:

Position: _____ Date: _____

Answer all questions completely and accurately. Notify us promptly of any change of address and/or telephone number.

Address _____ Apt. No. _____ City _____

State _____ Zip Code _____ Telephone #s _____ / _____

E-mail _____

Education History

High School: Graduated? ___ Yes ___ No School Name/City _____

G.E.D.: Received? ___ Yes ___ No Test Center Name/City _____

Less than High School: Last Grade Completed _____ School Name/City _____

Additional Academic/Vocational/Business Education

Name of School/City	Areas of Study	Trade School/College Sem. Hrs.	Type of Certificate Received	Type of Degree Received

Current Licenses / Certifications / Registrations

Submit a copy of the required certification with this application.

Type _____ Number _____ Agency/State Issuing _____ Expiration Date _____

Type _____ Number _____ Agency/State Issuing _____ Expiration Date _____

Has your license/certification been denied, revoked, suspended, or subject to discipline by the licensing and/or professional authority? Yes No **If yes**, provide details on a separate sheet.

Driver's License / Texas State ID Information

If the essential functions of the position for which you are applying require driving a vehicle of any kind, please complete this section. If the position requires a CDL, make sure that is included in the license information you submit:

Do you have a current and valid driver's license? Yes No

Driver's License Number / Tx Id Card _____ State _____ Class _____ Expiration Date _____

List all the restrictions on your current driver's license: _____

List all traffic offenses and citations you have received during the preceding three (3) years, excluding only parking tickets. (Explain circumstances and dispositions on Application Attachment I)

Has your driver's license been revoked, suspended, or restricted during the preceding three (3) years Yes No **If yes**, explain on Application Attachment I.

Social Security Number: _____ Work Visa #: _____

U.S. Passport #: _____

Employment History

List all employment for at least the past 10 years or for your last 3 employers, whichever is greater. Begin with your present position and work back. **Explain any gaps in employment.** Attach additional sheets as needed. **OPTIONAL:** Additional information on your training and/or experience which relates to the job opening may be provided on attached sheets.

Commercial Driver's License (CDL) required? ___ Yes ___ No

From ___ / ___ to ___ / ___
Month Year Month Year Job Title _____

Employer _____ Address _____

Supervisor _____ Phone _____ Coworker Name/Phone _____

Job Duties _____ Reason for Leaving _____ Salary _____

Commercial Driver's License (CDL) required? ___ Yes ___ No

From ___ / ___ to ___ / ___
Month Year Month Year Job Title _____

Employer _____ Address _____

Supervisor _____ Phone _____ Coworker Name/Phone _____

Job Duties _____ Reason for Leaving _____ Salary _____

Commercial Driver's License (CDL) required? ___ Yes ___ No

From ___ / ___ to ___ / ___
Month Year Month Year Job Title _____

Employer _____ Address _____

Supervisor _____ Phone _____ Coworker Name/Phone _____

Job Duties _____ Reason for Leaving _____ Salary _____

Please answer yes or no to the following questions and attach additional sheets as needed.

1. Have you previously worked for any department of the City of Coolidge or are you currently employed by the city?
 ___ Yes ___ No **If yes**, provide: Year _____ Department _____

2. Are you related to anyone working for the City of Coolidge? ___ Yes ___ No **If yes**, complete the following:
 Department _____ Name _____ Relationship _____

3. a) Have you ever been disciplined or discharged for theft or related offenses by any employer? ___ Yes ___ No **If yes**, state name and address of employer and explain the circumstances. _____

b) Have you ever been disciplined or discharged for fighting, assault, or related behavior by any employer?
 ___ Yes ___ No **If yes**, state name and address of employer and explain the circumstances. _____

c) Have you ever been disciplined or discharged for insubordination or violation of safety rules? ___ Yes ___ No **If yes**, state name and address of employer and explain the circumstances. _____

d) Have you been dismissed or asked to resign from any job whether or not listed on this application for other reasons? ___ Yes ___ No **If yes**, state name and address of employer and explain the circumstances.

Conviction Record

Failure to answer the following question will disqualify you from further consideration of your application. Have you ever been convicted of, plead guilty to, or no contest to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanors and/or felonies); in any court other than Juvenile Court?

Check one: Yes No

If yes, complete Application Attachment I in detail. A conviction will not automatically exclude you from consideration for employment. The nature, seriousness, number of offenses, length of time since offenses, your work record with other employers after the offenses, and the nature of the position shall be considered.

READ CAREFULLY BEFORE SIGNING

I certify that I have made no willful misrepresentation in this application, my resume and any other documents submitted by me, nor have I withheld information in my statements and answers to questions, and I confirm that the information provided on this application and any other documents I have submitted is true, correct, and complete. I am aware that the information given by me in my application may be investigated. I agree to provide supplemental information if requested by the City of Coolidge's designee. I further understand that falsification or omission of information including post-offer medical history information provided to the City's designated physician are grounds for rejection of this application and, should I be employed, may be grounds for dismissal. I understand that if any information provided on this form or others should change between the date I submit this application and the date of any employment offer and/or hire date, that I must communicate those changes in writing to the Mayor or designee in a timely manner. I further understand that this application, resume, and any other documents attached become the property of the City of Coolidge and will not be returned.

I further understand this is not an employment agreement between the City of Coolidge and the applicant.

Signature _____ Date _____

NOTICE OF CONDITIONS OF EMPLOYMENT

I understand that as a condition of employment with the City of Coolidge, I may be required to pass a drug test and agree to abide by the City's Alcohol and Drug Policy.

Signature _____ Date _____

Application Attachment I

Failure to **fully** complete this form shall result in your disqualification in the applicant process, or if hired, termination. To provide information on additional offenses, please add additional sheets as required.

The information sought on this form will be used solely for the purpose of assisting the City of Coolidge in conducting a criminal history check. More information may be necessary to complete the investigation and failure to provide such information on request will disqualify you from further consideration for employment. **Please complete this section if you have ever been convicted of, plead guilty to, no contest to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanor and/or felony) in any court other than Juvenile Court.** Your criminal record will be considered by the City of Coolidge only in relation to the job for which you are applying. The nature, seriousness, number of offenses, length of time since offenses, your work record with other employers after the offenses, and the nature of the position for which you are applying shall be considered.
Print Full Name _____

Date _____

Sentence

_____ Probation, deferred adjudication or other form of pre-trial diversion
_____ Jail _____ Other
_____ Fine Amount \$ _____

Criminal Offense: _____

Location: City _____ State _____ Date: _____

Explain: _____

****Use next page to include additional***

Information. Reporting Requirements

Parole/Probation Officer: Name _____

Address _____

Telephone No. _____

If on Probation, ending date: _____

Additional Information on Sentence

Traffic Offenses and Citations

List all traffic offenses and citations you have received during the preceding three (3) years, excluding only parking tickets. Explain circumstances and disposition.

Offense/Citation	Date	City/State	Circumstance	Disposition

Application Attachment II Applicant Demographics Report

COMPLETION OF THIS FORM IS VOLUNTARY

The City of Coolidge is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the City of Coolidge invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Information provided on this form is not part of the hiring process and is not considered by those involved in the hiring process. Qualified applicants and employees are considered without regard to race, color, religion, sex, national origin, age, marital status, or disability.

Name: _____ Sex: _____ Male _____ Female _____ Date of Birth: _____

Position Applied for: *(Must indicate specific job title)*

EEO Classification

Specific Instructions: The categories below are designed to identify your basic racial and national origin category. Place a “check” next to the appropriate category. **Note: Check only one category.**

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Two or more races, excluding Hispanic or Latino | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> (Not Hispanic or Latino) |
-

Employment Eligibility Verification

In what country were you born? _____

Have you the legal right to work permanently in the United States? ___ Yes ___ No

What documents can you show to prove your legal right to work in the United States?

- | | |
|--|---|
| <input type="checkbox"/> Driver’s License and Social Security Card | <input type="checkbox"/> U.S. Passport showing U.S. Citizenship |
| <input type="checkbox"/> Certificate of U.S. Citizenship or Naturalization | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> “Green Card” | |

Employment Reference Verification

Applicant Name: _____

Position applying for: _____

Name of Reference: _____

Job Title: _____

Company: _____

Contact Number: _____

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other person, corporation or organization for furnishing such information about me.

Signature of Applicant

Date

For Office Use Only

Position Held:

Dates of Employment:

Is the applicant rehireable?

Comments:

Completed by Signature

Date