



CITY OF FRITCH

P.O. BOX 758, FRITCH, TEXAS 79036 806/857-3143

Application

For Employment

The instructions must be followed exactly. Fill out application completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. The City of Fritch is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. This application becomes public record and is subject to disclosure.

(Please Print And Use Black Or Blue Ink)

DATE: _____

Name: _____
(Last) (First) (Middle)

Social Security No. _____ - _____ - _____

Mailing Address: _____ Phone: _____
(Street or Box No.) (City) (State) (Zip) (Home)

Cell Phone: _____ Work Phone: _____

Are you at least 18 years of age? Yes No

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? Yes No
If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). *A conviction may not disqualify you, but a false statement will.*

List position you are applying for: _____ Date available for work: _____

Are you currently employed? Yes No If so, may we contact your current employer? Yes No

Current Supervisor's Name: _____ Supervisor's Phone No. _____

Are you willing to work hours other than 8-5? Yes No Are you willing to travel? Yes No

Please check: Full Time Part-Time Summer Temporary

Referred By: _____ Have you ever been employed with the City of Fritch before? Yes No

Do you have any relatives employed at The City of Fritch? If so, list names and relationships: _____

EDUCATION

NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, or certifications.

Indicate Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from high school or receive GED? Yes No

Type of School	Name and Location of School	Dates Attended	Type of Diploma or Degree Received
Undergraduate College University			
Graduate Schools			
Technical Vocational Business Schools			

Please indicate any special certifications or license you hold:

License/Certification Type	Date Issued	Date Expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

Special Training/Skills/Qualifications: _____

Activities: (Civic, Athletic, Etc.) _____

Are you a veteran? Yes No If yes, list type of discharge status _____

Dates of Service: _____ Presently a member of National Guard? Yes No

PREVIOUS EMPLOYMENT

List Below Your Last Three Employers, Starting With the LAST One First:

DATE Month & Year	Name and Address of Employer	Ending Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				

REFERENCES:

Give the Names of Three Persons Not Related To You, Whom You Have Known At Least One Year

NAME	CONTACT NUMBER	BUSINESS	No. of Yrs. Know

IN CASE OF EMERGENCY, PLEASE NOTIFY: _____
Name
Address
Contact

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

- I certify that all of the information provided by me in connection with my application, whether on this document or not is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
- I understand, as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
- I understand that some agencies will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
- I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

CITY OF FRITCH
104 N. ROBEY
FRITCH, TEXAS 79036
806-857-3143-OFFICE
806-857-4095-FAX

AUTHORITY TO RELEASE INFORMATION

PLEASE PRINT

NAME: _____ :ALIASES _____

OTHER NAMES YOU HAVE USED _____

DATE OF BIRTH _____ RACE _____ SEX _____ SOCIAL SECURITY # _____

PLACE OF BIRTH _____ COUNTY _____ STATE _____

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 Fritch, whether the said records are of public, private, or confidential in nature.

The intent of the authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions. Including records of deposits, withdrawals and balances of checking and savings accounts, loans, and also records of commercial or retail credit agencies including credit reports and or ratings, public utility companies, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have or have had interest.

I reiterate and emphasize that the point of the authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the City of Fritch, to consider in determining my suitability for employment by this department. It is my specific intent to provide access to my personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein. I understand that any information obtained by a personal background investigation, developed directly or indirectly, whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Fritch. I understand that all materials pertaining to this background investigation become property of the City of Fritch and will not be provided or returned to me.

I agree to indemnify and hold harmless the person(s) to whom this request is presented and/or his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fee arising out of or by reason of complying with this request. I FURTHER UNDERSTAND THAT IN THE EVENT MY APPLICATION IS DISAPPROVED, THE SOURCES OF CONFIDENTIAL INFORMATION CANNOT AND WILL NOT BE REVEALED TO ME.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain and original writing of my signature.

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR SUBJECTED TO A DEFERRED ADJUDICATION ON ANY CRIMINAL CHARGE? YES _____ NO _____

HAVE YOU EVER BEEN ARRESTED? YES _____ NO _____

If your answer is yes to one or both questions above, then explain in concise detail on a separate sheet of paper, giving the dates, and nature of the offense, the name and location of the court, disposition of the case(s) or arrest(s).

A CONVICTION MAY NOT DISQUALIFY YOU, BUT A FALSE STATEMENT WILL.

THIS FORM MUST BE SIGNED IN PRESENCE OF A NOTARY

SIGNATURE _____ PRINTED NAME _____
ADDRESS _____ CITY _____ STATE _____

STATE OF TEXAS
COUNTY OF HUTCHINSON

BEFORE ME, A NOTARY PUBLIC, ON THIS DAY PERSONALLY APPEARED _____,
KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING DOCUMENT
AND, BEING BY ME FIRST DULY SWORN, DECLARED THAT THE STATEMENTS THEREIN CONTAINED ARE
TRUE AND CORRECT.

SEAL

NOTARY PUBLIC'S SIGNATURE