

CITY OF WINTERS JOB APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____ **DL:** _____

DATE AVAILABLE: _____ **DESIRED PAY:** \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? YES NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

***IF YES, WRITE THE START AND END DATES:** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

***IF YES, PLEASE EXPLAIN ON AN ATTACHED PAGE**

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DEGREE:** _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____

Company / Individual

E-MAIL: _____ **PHONE:** _____

ADDRESS: _____

Street Address

Apt/Suite

City

State

Zip Code

STARTING PAY: \$ _____ HOUR SALARY **ENDING PAY:** \$ _____ HOUR SALARY

JOB TITLE: _____ **RESPONSIBILITIES:** _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____

Company / Individual

E-MAIL: _____ **PHONE:** _____

ADDRESS: _____

Street Address

Apt/Suite

City

State

Zip Code

STARTING PAY: \$ _____ HOUR SALARY **ENDING PAY:** \$ _____ HOUR SALARY

JOB TITLE: _____ **RESPONSIBILITIES:** _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

**** PLEASE ATTACH ADDITIONAL PAGES, IF NECESSARY**

| |
|--|
| REFERENCES (PROFESSIONAL ONLY) |
|--|

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

BACKGROUND CHECK CONSENT

ARE YOU WILLING TO CONSENT TO A CRIMINAL BACKGROUND CHECK? YES NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

CITY OF WINTERS, TEXAS
DRUG TEST AUTHORIZATION & CONSENT FORM

I, _____, hereby knowingly and voluntarily authorize and consent to the collection and testing of specimens of my urine and/or blood by a collection site and laboratory to be designated by the City of Winters (Hereinafter referred to as "the Company") or its designated agent acting as an employment screening services for the purpose of drug testing.

I authorize the collection site, laboratory and/or medical review officer (MRO) to disclose the results of my drug tests to the Company.

I acknowledge that the drug test results will be utilized by the Company to determine my eligibility for employment or continued employment, therewith.

I acknowledge that at the time of collection, a refusal to authorize the collection and testing of my urine by the collection site and laboratory, or a refusal to authorize the above disclosure of the test results will be treated as a positive drug test. I further acknowledge that a positive drug test will result in disciplinary action up to and including denial of employment or termination, if hired.

In addition, I hereby knowingly and voluntarily release the Company and its designated agent authorized to provide the screening and their respective officers, directors, employees and agents from any and all claims, damages, losses, liabilities, costs and expenses, including attorney fees, arising from or relating to such collection and testing and any disclosure of the results thereof, including without limitation, the disclosure of any inaccurate or incomplete results, to the fullest extent permitted by law.

I further authorize the testing laboratory to disclose the results of my drug screen to the Company, or its agents for a period of time not to exceed two years from the date of my signature below.

I acknowledge that I have the right to receive a copy of this authorization.

I have read and understood the above Authorization & Consent in its entirety, and I agree that a copy of this document is as valid as the original.

Applicant's Signature

Date

Applicant's Printed Name

CITY OF WINTERS
EMPLOYMENT APPLICATION SUPPLEMENT

CONFIDENTIAL

TO THE APPLICANT: If you have been CONVICTED of a misdemeanor or felony offense, please answer the following questions about this conviction.

1. Name: _____

2. When were you arrested?: _____

3. Where were you arrested?: _____

4. What were you charged with?: _____

5. What was the outcome of this charge(s):
_____ Probation: Starting Date: _____ Ending Date: _____
_____ Jail or Prison (complete #6, below)
_____ Other (explain) _____

6. If you were sent to jail or prison:
 - a. When did you start your sentence?: _____
 - b. What was the name and location of your jail or prison?: _____
 - c. When were you released?:
 - i. paroled (date) _____
 - ii. sentence completed (date) _____
 - d. if currently on parole, when will it be finished?: _____

7. Are you currently under Indictment for a felony offense?: _____

** if you have more than one conviction, complete a separate form for each conviction