Employment Application

An Equal Opportunity Employer City of Winters 310 S. Main Winters, Texas 79567 Phone: 325/754/4424

Instructions: Please read the instructions before completing the application. All applications for employment with the City of Winters must be made on this form. 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. Return your application to City of Winters. Please clearly print or type all answers.

POSITION TITLE:

DATE AVAILABLE _FOR WORK:_____

	PI	ERSONAL DATA		
NAME: Last	First	Middle		Social Security Number
CURRENT ADDRESS:_	-		and the state of the	
	umber and Street sed if different from nam	City ne given on this applicati	State on:	Zip Code
PHONE: AREA CODE/N	UMBER HOME:		_ WORK:	
E-MAIL ADDRESS:				

EDUCATION AND TRAINING

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

Type of School	Name and Location of School	Sem./Cloc	Grad	luated	Expected	Type of Diploma or	Major/
		k Hours Completed	Yes	No	Graduation Date	Degree	Minor Field of Study
Colleges or							
Universities							
Technical,							
Vocational or Business							
Schools							

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

License/Certification (P.E., R.N., Attorney, C.P.A., etc.)	Date Issued	Issued by (State or other Authority)	License No.	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, wordprocessing, typing speed, 10-Key calculator, specialized equipment or machines, tools, vehicles, heavy equipment, or memberships).

	GENERAL INFORM	ATION
DRIVERS LICENSE: State:_	Number:	Expiration Date:
	9 Class C 9 Class M 9 Class A Commercial 9 Tank Vehicle 9 Double/Triple Traile	9 Class B Commercial 9 Class C Commercial r 9 Hazardous Materials 9 Passenger
DISMISSALS AND/OR FOR (Check One) Yes		een fired or forced to resign from any position? or both of these questions, please explain.
such as deferred adjudication in o your advantage as your record do offense(s) and recency of offense into account. HOWEVER, FAI APPLICATION FOR ONE Y	court? List all cases other than minor traffic bes not constitute an automatic bar to employ e(s) as well as the relationship between the o ILURE TO ADMIT CONVICTIONS W	placed on probation, fined, or given a suspended sentence violations. PLEASE NOTE: A full disclosure by you is to byment. Factors such as, but not limited to, age at time of offense(s) and the job(s) for which you apply will be taken VILL RESULT IN DISQUALIFICATION OF YOUR ng:
Date://	Charge:	City/State:

Disposition:

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	Disposition:		
Have	you ever been employ	ed in any capacity by the (City of Winters? (Check One) Yes No If Yes, please indicate:
	Title of Position:		Department:
A re v			f Winters? (Check One)
		Relationship:	Contraction of the second s
	Department:	Position:	

EMPLOYMENT INFORMATION

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:	From:	To:
Address/City/State:	Mo/Yr	Mo/Yr
Phone:(]Job Title: Reason for Leaving:	Salary: Beginning Supervisor/Title:	Final
BRIEFLY DESCRIBE THE NATURE AND DUTIES	OF YOUR POSITION	
Employer:	From:	_ To:
Address/City/State:	Mo/Yr Salary:	Mo/Yr
Phone:()Job Title:	Beginning	Final
Reason for Leaving:	Supervisor/Title:	

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	Address/City/State:		From: Mo/Yr Salary:	Mo/Yr

BRIEFLY DESCRIBE THE NATURE AND DUTIES OF YOUR POSITION

Explanation of any periods of unemployment between jobs:

REFERENCES

List three persons who are not related to you by blood or marriage who can serve as a personal reference.

FULL NAME COMPLETE HOME ADDRESS OCCUPATION PHONE: OFFICE/HOME

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 Winters service. In submitting this application, I authorize the City of Winters 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 Winters and will not be returned.

I also understand that I will have the right to terminate my employment with the City of Winters at any time without notice and for any reason. I understand that the City of Winters 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 WINTERS

AN EQUAL OPPORTUNITY EMPLOYER

CITY OF WINTERS

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EXHIBIT B

CONFIDENTIAL

CONSENT	FORM	FOR	DRUG	TESTING "
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August 12, 1991

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CONFIDENTIAL

EMPLOYMENT APPLICATION SUPPLEMENT FORM NO. 2

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

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