Employment Application
City of Alvarado
104 W. College
Alvarado, TX 76009
(817) 790 – 3351
www.cityofalvarado.org

An Equal Opportunity Employer

Applicants are considered for positions without regard to race, color, religion, gender, national origin, age, veteran status, or disability. The City of Alvarado may conduct pre-employment qualification assessment testing. If you require accommodation for the testing process, you must notify Human Resources when you submit your application. Please type this application or complete by printing with ink.

Application date	Position applying for	Date available to start

General Information

Last Name	First Name	MI	(Maiden Name / Other)

Address	City	State	Zip

Primary Contact Number	Secondary Contact Number	Email

Do you have a current Driver's License?

☐Yes, State:_____ Class:_____

DL #:_____

☐No

Your driving record will be considered to the extent that you will drive a city vehicle or do city business in your personal vehicle.

Have you ever worked for the City of Alvarado?

☐Yes, Date: from _____ to _____

Position:_____

Department: _____

☐No

Do you have any relatives working for the City of Alvarado? ☐No ☐Yes, name:_____

Dept:_____Relationship:_____

If hired, can you furnish proof that you are legally entitled to work in the US? ☐Yes ☐No

Are you at least 18 years of age? ☐Yes ☐No

Education

School	Name & Location	Dates From	Dates To	
High School:				Diploma or GED? ☐Yes ☐No
Trade School:				Credit Hours & Major
College:				Certificate / Degree Obtained Major / Minor
Other:				Certificate / Degree Obtained Major / Minor

Work Experience (Beginning with the most recent)

Employer:	Date From	Date To	Duties:
Address:			
Telephone:			
Your Job Title:	Wages / Salary Start	Wages / Salary End	
Supervisor:			
Reason For Leaving:			

Employer:	Date From	Date To	Duties:
Address:			
Telephone:			
Your Job Title:	Wages / Salary Start	Wages / Salary End	
Supervisor:			
Reason For Leaving:			

Employer:	Date From	Date To	Duties:
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Employer:	Date From	Date To	Duties:
Address:			
Telephone:			
Your Job Title:	Wages / Salary Start	Wages / Salary End	
Supervisor:			
Reason For Leaving:			

If you are currently employed, may we contact your current employer? ☐ Yes ☐ No

Skills

List all types of computers and software programs you have experience with:

Licenses, Certificates, and Certifications:

Honors, Recognition, other Skills and Training:

List other languages in which you are fluent and indicate if you can read, speak, and / or write in that language:

_____ ☐ Read ☐ Speak ☐ Write

_____ ☐ Read ☐ Speak ☐ Write

Driving Background

Please note below the number and date of any moving traffic violations and/or at-fault accidents in the last three (3) years. Include any violations for which you were convicted, served probation, took deferred adjudication or attended driving school.

References (Persons not related to you, whom you have known at least 1 year)

Name	Address	Phone Number	Years known

Read Carefully Before Signing

I certify that all the answers I have given are true to the best of my knowledge and belief. I understand that any falsifications, misrepresentations or omission of facts in this application may be cause for my elimination from consideration for hire, or, if already hired, cause for my dismissal, regardless of the time that passes before such false information is discovered. I further acknowledge that I have read and understand the questions regarding criminal records and I have answered these questions truthfully. I also understand that some positions may require that I undergo an additional background investigation and testing. I expressly request employers and any persons who may have information (including records of criminal convictions) concerning me, furnish that information to the Human Resources Department and agree to hold such persons harmless, and I do hereby release them of any and all liability or damage of any nature whatsoever for furnishing such information. I understand that the information obtained is for the City's official use and may be disclosed to third parties as required by law. I understand that I may be required to complete a physical examination and drug/alcohol screening, at the City of Alvarado's expense, after a conditional offer of employment. If a doctor determines I have certain medical restrictions relating to my ability to perform the job I applied for, those restrictions will be communicated to the Human Resources Department of the City for the purpose of determining my ability to perform the essential functions of the job with or without any reasonable accommodation. I understand and agree that employment with the City is "at will" and for no definite period of time and that wage, benefits and conditions of employment can be changed at any time. **I understand that this is not an employment contract between the City of Alvarado and me.** The City will reject any application which is unsigned or graphically altered.

Signature:_____ **Date:**_____