


**AN EQUAL OPPORTUNITY EMPLOYER**

 <p style="text-align: center; margin-top: 20px;">                 209 S. WASHINGTON                  KAUFMAN, TEXAS 75142                  (972) 932-2216                  METRO (972) 962-5321                  FAX (972) 932-0307             </p>	<p><b>FOR OFFICE USE ONLY</b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Please print. Application will not be considered unless completed in full and signed. Withheld and/or false information are cause for rejection or dismissal. All applications become inactive after the position is filled.

Date \_\_\_\_\_ Position Desired \_\_\_\_\_

Do you desire  full or  part-time work? If part-time, what hours? \_\_\_\_\_

Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Area Code

Driver's License No. \_\_\_\_\_  Operator  Commercial  Chauffeur

State Issued:  Texas  Other: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Person to be notified in case of emergency: \_\_\_\_\_  
(Name) (Relationship)

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(Address) (City, State, Zip Code) (Area Code – Telephone)

1. Have you applied for employment with the City of Kaufman before?  Yes  No Date: \_\_\_\_\_
2. Are you now or have you ever worked for the City of Kaufman?  Yes  No Date: \_\_\_\_\_
3. Are you a citizen of the United States?  Yes  No
4. Have you ever been discharged or asked to resign because of Unsatisfactory conduct or performance of duties?  Yes  No
5. Have you ever been convicted of a crime?  Yes  No

If yes, explain: \_\_\_\_\_  
 A criminal record will not necessarily disqualify you from employment. Your case will be considered in relationship to the requirement of the particular job.

6. Are you or your relatives related to any member of the City Council or any person employed by the City of Kaufman?  Yes  No
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- (Name) (Relation) (Position)

7. Have you served in the Armed Forces or National Guard of the United States?  Yes  No
- If yes, please complete the following:
- Branch \_\_\_\_\_ Date Entered \_\_\_\_\_  
 Date Discharged \_\_\_\_\_ Rank at Discharge \_\_\_\_\_  
 List your specific training and duties \_\_\_\_\_

# Employment Experience

List each job held. Start with your current or last job. Include military service assignments and volunteer activities.  
(Exclude groups which indicate race, color, religion, sex or national origin.)

**\*CURRENT EMPLOYER:** \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Your Position Title & Duties: \_\_\_\_\_

Reason for desiring change: \_\_\_\_\_

Starting Date: \_\_\_\_\_  
Ending Date: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_

**\*LAST EMPLOYER:** \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Your Position Title & Duties: \_\_\_\_\_

Indicate Reason for Leaving:  Resigned  Discharged  Lay-off  Other

Explain Reason for Leaving: \_\_\_\_\_

Starting Date: \_\_\_\_\_  
Ending Date: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_

**\*NEXT PREVIOUS EMPLOYER:** \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Your Position Title & Duties: \_\_\_\_\_

Indicate Reason for Leaving:  Resigned  Discharged  Lay-off  Other

Explain Reason for Leaving: \_\_\_\_\_

Starting Date: \_\_\_\_\_  
Ending Date: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_

**\*NEXT PREVIOUS EMPLOYER:** \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Your Position Title & Duties: \_\_\_\_\_

Indicate Reason for Leaving:  Resigned  Discharged  Lay-off  Other

Explain Reason for Leaving: \_\_\_\_\_

Starting Date: \_\_\_\_\_  
Ending Date: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_

**\*NEXT PREVIOUS EMPLOYER:** \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Your Position Title & Duties: \_\_\_\_\_

Indicate Reason for Leaving:  Resigned  Discharged  Lay-off  Other

Explain Reason for Leaving: \_\_\_\_\_

Starting Date: \_\_\_\_\_  
Ending Date: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_

# Education

Did you graduate from high school or receive an equivalent diploma?

- Yes High School; When: \_\_\_\_\_
- Yes G.E.D.; When: \_\_\_\_\_
- No Last Grade Completed: \_\_\_\_\_

High School: \_\_\_\_\_ (Name) \_\_\_\_\_ (Address)

Education: Circle highest grade completed.  
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19+

Vocational or Trade School (Name/Address)	Dates of Attendance	Area of Study		Certificate Received			Date Received	
College/University (Name/Address)	Dates of Attendance	Major	Minor	Hours Completed In			Degree Received	
				Major	Minor	Other	Title	Dates

List professional or technical licenses, registrations, certificates or memberships you possess. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any manufacturing or construction equipment or machines you operate (include office equipment, if applicable).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experience that relates to this position:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

Give the names and telephone numbers of three (3) persons, other than relatives, who have knowledge of your character, experience, or ability:

Name	Occupation, Position	(Area Code) Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

In relation to the education and experience record you have provided, please explain in detail any time lapses due to unemployment or other reasons.

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**YOU APPLICATION WILL NOT BE CONSIDERED UNLESS IT IS SIGNED AND ALL QUESTIONS ANSWERED.**

1. The information that I have provided on this application is accurate to the best of my knowledge and subject to validation by the City of Kaufman.
2. I hereby authorize any person holding information regarding my employment, character, qualifications, habits, reputation, credit, medical history, past record performance or any pertinent information in consideration of my application for employment to the City of Kaufman.
3. I understand and agree that:
  - (a) The city will not be liable and I hereby hold harmless the City of Kaufman from any claim in my behalf for any damage which may result from furnishing the information requested above.
  - (b) Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal or, if employed, termination from City of Kaufman employment.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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**FOR PERSONNEL DEPARTMENT USE ONLY**

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Arrange Interview  Yes  No Schedule: \_\_\_\_\_  
Date/Time

If No, reason:

- Incomplete Application
- Driver License Invalid
- Uninsurable under City insurance due to driving record
- Nepotism
- Does not meet required minimum qualification for position
- Withheld and/or false information on application
- Other: \_\_\_\_\_

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By: \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Personnel

Job Announcement No. \_\_\_\_\_