

## **CITY OF ALEDO**

**PO Box 1  
200 Old Annetta Rd.  
Aledo, Texas 76008**

**TEL: (817) 441-7016  
FAX: (817) 441-7520  
Web Address: [www.aledotx.gov](http://www.aledotx.gov)**

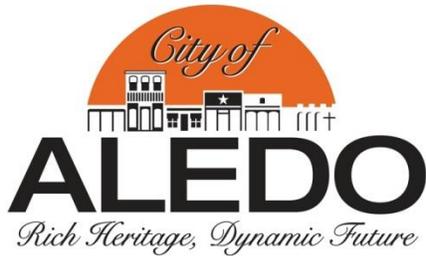
***AN EQUAL OPPORTUNITY EMPLOYER***

### **APPLICATION FOR EMPLOYMENT**

**PLEASE READ FIRST:** Thank you for your interest in employment with the City of Aledo. The application you submit will be reviewed and evaluated based upon the information you have supplied. Failure to answer all questions completely and accurately may mean loss of an employment opportunity.

#### **PLEASE FOLLOW THESE INSTRUCTIONS TO COMPLETE THIS APPLICATION:**

1. The city accepts applications **ONLY** when a specific employment notice of a job vacancy is posted.
2. The city will consider only applications that are complete. You must provide all requested information, including your signature.
3. You may submit a resume in addition to your application, but resumes will not substitute for a completed application.
4. Your application will be reviewed after the posted deadlines, as noted on the employment opportunity notice.
5. The City of Aledo will contact (either by telephone or mail) the applicants selected for pre-placement testing and/or personal interview. All other applicants will receive no further notice.
6. If you wish to be considered for future positions, you **MUST** submit a new application for each position.



## CITY OF ALEDO

### Application for Employment

**AN EQUAL OPPORTUNITY EMPLOYER**

**Instructions:** It is important that you answer all questions on this application fully and accurately. Failure to do so may delay its consideration and could mean loss of employment opportunities. If an item does not apply to you, or if there is no information to be given, please write in the letters "N.A." for Not Applicable. Please print in blue or black ink or type.

The City of Aledo considers all applicants for employment without regard to race, color, religion, ethnicity, gender, national origin, age, physical handicap, or any other protected status or classification in accordance with state and federal laws. The City of Aledo also provides "reasonable accommodations" to qualified individuals with known disabilities, in accordance with the Americans with Disabilities Act.

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_  
(Position Title Stated on Job Announcement)

#### **PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Social Security Number # \_\_\_\_\_  
(Please Print) Last First Middle

Address: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_  
Number & Street City State Zip Code (Include area code) Home

Are you over the age of 18? • Yes • No If not, state your date of birth: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_  
Month Day Year (Include area code) 8 a.m. - 5 p.m.

Type of work you will accept: • Full-time • Part-time • Temporary • Shift Work • Night Work • Weekend Work

Date available to start work: \_\_\_\_\_ Are you willing to work overtime as necessary? • Yes • No

Have you ever been employed by the City of Aledo? • Yes • No If yes, position held? \_\_\_\_\_

Department? \_\_\_\_\_ Period of employment? from \_\_\_\_\_ to \_\_\_\_\_

Do you have relatives working for the City of Aledo or serving on the City Council? • Yes • No

If yes, whom? \_\_\_\_\_ Relationship? \_\_\_\_\_

#### **CITIZENSHIP:**

Are you a U.S. Citizen? • Yes • No If no, do you have the legal right to work in the United States? • Yes • No

It will be necessary to submit documents as required by law to verify your identification and employment authorization upon employment.

**MILITARY:** Have you ever served in the U.S. Armed Forces? • Yes • No



Have you ever been convicted of a crime other than a Class C traffic offense? • Yes • No  
If so, please complete the following: (Note: Conviction will not automatically exclude you from employment.)

Charge _____	Date _____	Location _____
Charge _____	Date _____	Location _____
Charge _____	Date _____	Location _____

**EMPLOYMENT HISTORY:** List your employment experience, beginning with your current or last position and work back. Include military experience and account for periods during which you were unemployed. This page may be copied if additional space is needed to account for all employment in the last ten (10) years.

Are you presently employed? • Yes • No If yes, may we contact your present employer? • Yes • No • Later

**EMPLOYER:** \_\_\_\_\_ **Dates of Employment: From** \_\_\_\_/\_\_\_\_/\_\_\_\_ **To** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo./yr. mo./yr.

Address: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_  
Number & Street City State Zip Code

Position Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

- Full Time
- Part Time
- Seasonal
- Temporary

Describe Your Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving or Wanting to Leave \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **Dates of Employment: From** \_\_\_\_/\_\_\_\_/\_\_\_\_ **To** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo./yr. mo./yr.

Address: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_  
Number & Street City State Zip Code

Position Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

- Full Time
- Part Time
- Seasonal
- Temporary

Describe Your Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving or Wanting to Leave \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **Dates of Employment: From** \_\_\_\_/\_\_\_\_/\_\_\_\_ **To** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo./yr. mo./yr.

Address: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_  
Number & Street City State Zip Code

Position Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

- Full Time
- Part Time
- Seasonal
- Temporary

Describe Your Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving or Wanting to Leave \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **Dates of Employment: From** \_\_\_\_\_ / \_\_\_\_\_ **To** \_\_\_\_\_ / \_\_\_\_\_  
mo./yr. mo./yr.

Address: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_  
Number & Street City State Zip Code

Position Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

- Full Time
- Part Time
- Seasonal
- Temporary

Describe Your Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving or Wanting to Leave \_\_\_\_\_

Please explain any lapses in employment history: \_\_\_\_\_  
\_\_\_\_\_

Have you been fired or asked to resign from any job within the past ten (10) years? • Yes • No If yes, Explain:  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:** List three (3) references, excluding relatives.

Name & Occupation	Dates Known	Address	Telephone # (include area code)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**ADDITIONAL INFORMATION:** In the space below, you may provide any additional information that you feel may be helpful to the City in arriving at a decision concerning your qualifications for employment.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

**PRE-EMPLOYMENT STATEMENT**

I certify the statements made by me in this application are true, complete, and correct to the best of my knowledge, and are made by me in good faith. 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 elapses before such false information is discovered.

I understand that if chosen for employment I must undergo a drug test, and I may be required to undergo a job related physical requirements test, given at the city's expense.

I understand and agree that employees are "at-will" and employment with the City of Aledo is for no definite period of time and that wages, benefits, and conditions of employment can be changed at any time.

I understand that consideration of my employment in this position is contingent upon the result of a reference and background check.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# **CITY OF ALEDO**

## **AUTHORIZATION TO CONDUCT DRUG TESTS**

I hereby authorize the City of Aledo and its agents to conduct any urine drug tests they deem necessary. I understand that proper "chain of custody" procedures will be maintained and that the testing will be conducted by a NIDA Certified laboratory. I hereby authorize the release to the City of Aledo all results of any drug tests performed by any doctors, clinics, or laboratories to which I have been referred. This information is authorized to be used by the City of Aledo for the sole purpose of employment-related matters.

Applicant's Printed Name \_\_\_\_\_  
Last First Middle

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_  
(If applicant under age 18)

# **CITY OF ALEDO**

## **AN EQUAL OPPORTUNITY EMPLOYER**

### **AUTHORIZATION FOR RELEASE OF PERSONAL DATA**

I hereby authorize any investigator or duly accredited representative of the City of Aledo to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, credit, disciplinary, driving, arrest and conviction records and personal history. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the City and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I direct you to release such information upon request of the duly accredited representative of any authorized agency regardless of any agreement I may have previously made with you to the contrary.

I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. A copy of this authorization shall be as effective as the original.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Applicant's Signature

# CITY OF ALEDO

## EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

**To the Applicant:** The commitment of the City of Aledo to a policy of equal employment opportunity requires that certain information to be gathered and maintained for government record-keeping requirements only. This page will be detached from your application immediately upon receipt, and this information will not be used for making interviewing or hiring decisions.

### **PLEASE PRINT OR TYPE:**

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_  
(Position Title Stated on Job Announcement)

Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ • Male • Female

Race/National Origin:

- Caucasian/White
- Black/Non Hispanic
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Other \_\_\_\_\_

Education Level: Circle Highest Grade Completed:

Grade School	High School	College	Graduate School
1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

How did you find out about this vacancy?

- Professional Organization
- Friend or Relative
- City of Aledo Web Site
- Newspaper \_\_\_\_\_  
NAME
- Walk-In
- College, School
- Other \_\_\_\_\_  
EXPLAIN
- City Employee