

CITY OF ALEDO

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

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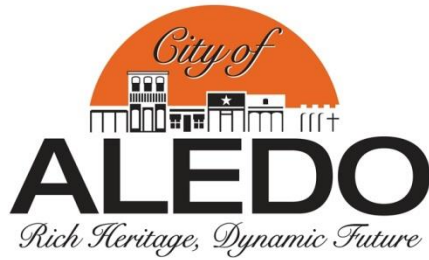
AN EQUAL OPPORTUNITY EMPLOYER

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: _____ Month _____ Day _____ Year Telephone No. () _____
(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

If yes, give dates of service and type of discharge: _____

List duties in the service, including special training that is relevant to the position for which you are applying: _____

EDUCATION AND TRAINING:

Your educational record will be considered only to the extent that it is relevant to the position sought. High School Diploma or GED (Graduate Equivalency Diploma) and College transcript(s) are required for verification of education prior to employment.

High School Graduate? • Yes • No GED? • Yes • No If GED, from what agency? _____

Circle the 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

Name and Address of School(s) Attended:	Dates Attended (From - To)	Number of Sem. Hrs. Completed	Did You Graduate?	Type Diploma or Degree	Major Subject
High School _____	Not Applicable	Not Applicable	_____	_____	_____
College _____	_____	_____	_____	_____	_____
Graduate School _____	_____	_____	_____	_____	_____
Business, Trade, or Other _____	_____	_____	_____	_____	_____

Computer Skills: • Windows • MSWord for Windows • Excel • Access • Other _____

Machines or Equipment Operated: _____

Special Licenses or Registrations: _____

Please list any additional training, technical skills or professional knowledge that would support your application:

DRIVING AND CONVICTION RECORD:

Your driving record will only be considered to the extent you will be driving city vehicles or doing city business in your personal vehicle.

Drivers' License Number	State	Expiration Date	Check Type of License Held:
			• A-CDL
			• B-CDL
			• Class C

Have you been issued a citation for any moving traffic violation(s) within the past three years for which you were convicted, served probation, took deferred adjudication or attended driving school? • Yes • No

If yes, please complete the following and attach additional sheet, if necessary:

Charge	Date	Location
Charge	Date	Location
Charge	Date	Location

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 \$ _____
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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____.

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
- Asian/Pacific Islander
- Black/Non Hispanic
- American Indian/Alaskan Native
- Hispanic
- 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
- Walk-In
- City Employee
- Friend or Relative
- College, School
- City of Aledo Web Site
- Newspaper _____
NAME
- Other _____
EXPLAIN