

CITY OF DUBLIN

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
Other _____			
Last Name	First Name		Middle Name
Address / Number	Street	City	State Zip Code
Telephone Number(s)	Cell Phone		Email Address

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____

Have you ever filed an application with us before? _____

If Yes, give date _____

Have you ever been employed with us before? _____

If Yes, give date _____

Are you currently employed? _____

May we contact your present employer? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____

Proof of citizenship or immigration status will be required upon employment. _____

On what date would you be available for work? _____

Are you available to work: _____

Are you currently on "lay-off" status and subject to recall? _____

Can you travel if a job requires it? _____

Have you ever been charged or convicted of a criminal offense? _____

Conviction will not necessarily disqualify an applicant from employment.

Have you ever been charged or convicted of a felony offense? _____

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

Education	Name and Address of School	Course of study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write

	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job related training received in the United States Military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Date Employed		Work Performed
	Address	From	To	
		Hourly Rate/Salary		
	Telephone Number(s)	Starting	Final	
	Job Title	Reason for Leaving		
	Reason for Leaving			
2.	Employer	Date Employed		Work Performed
	Address	From	To	
		Hourly Rate/Salary		
	Telephone Number(s)	Starting	Final	
	Job Title	Reason for Leaving		
	Reason for Leaving			
3.	Employer	Date Employed		Work Performed
	Address	From	To	
		Hourly Rate/Salary		
	Telephone Number(s)	Starting	Final	
	Job Title	Reason for Leaving		
	Reason for Leaving			
4.	Employer	Date Employed		Work Performed
	Address	From	To	
		Hourly Rate/Salary		
	Telephone Number(s)	Starting	Final	
	Job Title	Reason for Leaving		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade business or civic activities and offices held.

You may *exclude* membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Summarize special job related skills and qualifications acquired from other employment and experiences.

Specialized Skills

List ALL hardware and software you have experience operating. (microsoft office, computers etc.)	List ALL equipment you have experience operating. (forklift, bobcat etc)	List ALL other items you have experience operating.

State any additional information you feel may be helpful to us in considering you application.

Professional References

1. _____ (Name)	_____ () (Phone #)
_____ (Address)	
2. _____ (Name)	_____ () (Phone #)
_____ (Address)	
3. _____ (Name)	_____ () (Phone #)
_____ (Address)	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed **90** days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

CITY OF DUBLIN

PRIVACY ACT AUTHORIZATION

In accordance with the Federal Privacy Act and other applicable laws and statutes, I hereby authorize you to release any and all information pertaining to my past or current history to the City of Dublin. I am also aware, and do further consent and authorize, that such information obtained under this authorization will be used to evaluate my candidacy for employment with the City of Dublin.

APPLICANT INITIALS _____

CREDIT INQUIRY AUTHORIZATION

In accordance with the Federal Privacy Act and other applicable laws and statutes, I hereby authorize agents of the City of Dublin to make any and all necessary inquiries into my personal credit history. I am aware and do consent that such inquiries will be made through the appropriate Credit Reporting Bureau, and that the report obtained as a result of said inquiry will contain detailed financial information about me. I am also aware, and do further consent and authorize, that such credit information obtained under this authorization will be used to evaluate my candidacy for employment with the City of Dublin.

APPLICANT INITIALS _____

BACKGROUND CHECK AUTHORIZATION

In accordance with the Federal Privacy Act and other applicable laws and statutes, I hereby authorize agents of the City of Dublin to make any and all necessary inquiries into my personal background history. I am aware and do consent that such inquiries will be made through appropriate background check agencies and that the report obtained as a result of said inquiry will contain detailed information about me. I am also aware, and do further consent and authorize, that such information obtained under this authorization will be used to evaluate my candidacy for employment with the City of Dublin.

APPLICANT INITIALS _____

Signature of Applicant

Print Name

Applicant's Current street address

City

State

Zip Code

Applicant's previous street address

City

State

Zip Code

Applicant's Social Security

Date of Birth

Drivers License Number

{STATE OF TEXAS }

{COUNTY OF ERATH }

SUBSCRIBED AND SWORN BEFORE ME, A NOTARY PUBLIC, on this day personally appeared _____ known to me to be the person whose name is subscribed the forgoing instrument and acknowledged to me that he/she executed the same for the purpose and considerations therein expressed.

GIVEN UNDER MY HAND SEAL of this office on this the _____ day of _____, 20 _____.

SEAL

Notary Public in and for the State of Texas

Commission expires on: _____