

**JOB APPLICATION
City of Thornton
708 A Hwy 14
Thornton, Texas 76687
254-380-1139 Office
254-380-1140 Fax**

City Of Thornton is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position
Position(s) applying for: _____

How did you hear about this position? _____

What days are you available for work? _____

What hours or shift are you available for work? _____

On what date can you start working if you are hired? _____

Do you have reliable transportation to and from work? _____

Salary desire?: _____

Personal Information

Have you ever applied to or worked for City of Thornton before? _____

If yes, when? _____

Do you have any friends, relatives, or acquaintances working for City of Thornton? _____

If yes, state name & relationship: _____

Are you 18 years of age or older? _____

Are you a U.S. citizen or approved to work in the United States? _____

What document can you provide as proof of citizenship or legal status? _____

Will you consent to a mandatory controlled substance test? _____

Do you have any condition which would require job accommodations? _____

If yes, please describe accommodations required. _____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? _____

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: City of Thornton complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name	Location, (City, State)	Year Graduated	Degree Earned

College/University

Name	Location, (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location, (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? _____
What branch of the military did you enlist? _____
What was your military rank when discharged? _____
How many years did you serve in the military? _____
What military skills do you possess that would be an asset for this position? _____

Previous Employment

Employer Name: _____
Job Title: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____
Supervisor Name: _____

Employer Name: _____
Job Title: _____
Employer Telephone: _____
Dates Employed : _____
Reason for leaving: _____
Supervisor Name: _____

Employer Name: _____
Job Title: _____
Employer Telephone: _____
Dates Employed : _____
Reason for leaving: _____
Supervisor Name: _____

References

Please provide 1 personal and professional reference(s) below:

References	Contact Information

AT-WILL EMPLOYMENT

The relationship between you and the ***City of Thornton*** is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the ***City of Thornton***. No representative of ***City of Thornton*** has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and and/or the City Administrator.

Applicant Signature: _____ Dated: _____