CITY OF CROSBYTON APPLICATION FOR EMPLOYMENT

City Hall
221 West Main
Crosbyton, Texas 79322
(806)675-2301
(806) 675-7012 Fax

PLEASE COMPLETE ALL REQUESTED INFORMATION, INCLUDING ORIGINAL SIGNATURE. INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED.

DATE:_____

PART TIME ☐
FULL TIME ☐
TEMPORARY ☐

POSITION APPLIED FOR: _____

PERSONAL INFORMATION

Name: _____ Social Security #: _ _ _ - _ _ - _ _ _ _
Last First Middle Initial

Address: _____
Street City State Zip Code

Phone #: _____ Email Address: _____

GENERAL INFORMATION

List names of any relatives currently working for the City of Crosbyton: _____

Relationship: _____ Department: _____

Have you been convicted of a felony? YES ☐ NO ☐
(Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain: _____

Are you currently employed? YES ☐ NO ☐

If so, may we contact your present employer? YES ☐ NO ☐

Do you have a valid Texas Driver's License? YES ☐ NO ☐ ID/DL#:_____

In the last three years, have you been convicted of any traffic violations? YES ☐ NO ☐

If yes, please explain: _____

EDUCATION

	Name of School	Location	Course of Study	Degree Received	Years
High School/GED					
Vocational/Trade					
College/University					
College/University					
College/University					

Have you ever worked or attended school under any other name? YES ☐ NO ☐

If so, list the name or names used: _____

PROFESSIONAL LICENSE/REGISTRATION/CERTIFICATIONS

Profession or Trade: _____

Number: _____ Issued By: _____ Expires: _____

LIST MOST CURRENT EMPLOYMENT FIRST – PLEASE FILL IN ALL OF THE BLANKS, INCOMPLETE APPLICATIONS MAY BE DISQUALIFIED.

Name of Employer _____

Address _____
Street City State Zip

Phone # _____ Supervisor_____ _____

Position _____ Dates of Employment From _____ To _____

Duties_____

_____

_____

_____

_____

Reason for leaving _____

Beginning Salary _____ Ending Salary _____

Name of Employer _____

Address _____
Street City State Zip

Phone # _____ Supervisor_____ _____

Position _____ Dates of Employment From _____ To _____

Duties_____

_____

_____

_____

_____

Reason for leaving _____

Beginning Salary _____ Ending Salary _____

Name of Employer _____

Address _____
Street City State Zip

Phone # _____ Supervisor_____ _____

Position _____ Dates of Employment From _____ To _____

Duties_____

_____

_____

_____

_____

Reason for leaving _____

Beginning Salary _____ Ending Salary _____

Name of Employer _____

Address _____
Street City State Zip

Phone # _____ Supervisor_____ _____

Position _____ Dates of Employment From _____ To _____

Duties_____

_____

_____

_____

_____

Reason for leaving _____

Beginning Salary _____ Ending Salary _____

ADDITIONAL SPACE HAS BEEN PROVIDED ON THE BACK OF THIS SHEET TO LIST ADDITIONAL EMPLOYMENT HISTORY INFORMATION.

ADDITIONAL INFORMATION

Please summarize special job-related skills/qualifications acquired from employment or other experience that are related to the position for which you applied. State any information you feel may be helpful to us in considering your application.

_____

_____

_____

SIGNATURE

I certify that the information in this application is true and complete. I understand that any falsification or significant omission of information in this application may result in refusal of employment or immediate discharge from employment. I authorize the investigation of any or all statements contained in this application and release any person, school, current employer, past employers and organizations from any legal liability in making such statement. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

Signature _____ *Date* _____

Thank You For Your Interest In Employment With The City Of Crosbyton
The City of Crosbyton Is An Equal Opportunity Employer

THE CITY OF CROSBYTON IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT PRACTICE OR PERMIT DISCRIMINATION IN EMPLOYMENT BASED UPON RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, DISABILITY, AGE OR VETERANS STATUS. ALL QUALIFIED APPLICANTS WILL BE GIVEN EQUAL OPPORTUNITY. SELECTION DECISIONS ARE BASED ON JOB-RELATED FACTORS.

THE CITY OF CROSBYTON PROMOTES A HEALTHY AND SAFE WORK CLIMATE TO CREATE AN ENVIRONMENT WHERE EXCELLENCE OF PERFORMANCE AND TEAM ACHIEVEMENT FLOURISH.