

CITY OF DUMAS APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

(PLEASE PRINT OR TYPE)

Position(s) Applied For	Date of Application		
Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Number (Home)	(Work)	Social Security Number	Drivers License No. & State

Type of work applied for: Full-time _____ Part-time _____ Temporary _____

Are you less than 18 years of age? Yes No

Are you a U.S. Citizen Yes No Alien Registration Number _____

Have you ever been employed with us before? Yes No

If Yes, list dates of employment, department, and position _____

Have you ever been convicted of a felony? Yes No
Conviction will not necessarily disqualify an applicant for employment.

If Yes, please explain:

Are you related by blood or marriage to any City of Dumas employee or member of the Dumas City Commission? Yes No

If Yes, whom? _____ Relationship: _____

EDUCATION

	High School	Undergraduate College/University	Graduate/Professional
School Name/Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree			
Describe any specialized training, apprenticeship, skills and extra-curricular activities.			

Military Service Record:

Are you a veteran? Yes _____ No _____

Branch _____ Date Entered _____ Date Discharged _____

Special Training _____ Rank _____

REFERENCES

Give the name, address and telephone number of three references who are **NOT** related to you and are **NOT** previous employers:

1. Name _____ Phone () _____

 Address _____
2. Name _____ Phone () _____

 Address _____
3. Name _____ Phone () _____

 Address _____

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving		May we contact this employer? Yes ____ No ____		

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving		May we contact this employer? Yes ____ No ____		

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving		May we contact this employer? Yes ____ No ____		

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving		May we contact this employer? Yes ____ No ____		

SKILLS, QUALIFICATIONS, LICENSES

Summarize job-related skills and qualifications acquired from employment or other experience.

Summarize job-related training, licenses, and certifications acquired from employment or other experience.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge and hereby authorize the review, full disclosure and release of all records concerning myself to any duly authorized agent of the City of Dumas. I understand that any information obtained by a background investigation will be considered in determining my eligibility for employment with the City of Dumas.

I further certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any liability which may be incurred as a result of furnishing such information.

If an offer of employment is extended, I understand that I may be subject to a pre-employment physical examination and drug test.

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

I understand that false or misleading information given in my application or interview(s) may result in disqualification from further consideration or, if hired, may result in termination of employment.

Signature of Applicant

Date

CITY OF DUMAS

Authorization and Release for Credit and/or Criminal Background Reports

I hereby agree to provide to the City of Dumas ("City") all information identified below in order to obtain pre-employment Credit and/or Criminal Background Reports. Before any adverse action is taken based on the credit report, including denial of employment, I understand that I will be provided, free of charge, a copy of the report plus a written summary of consumer rights under the Fair Credit Reporting Act. By signing below I release each person, employer, agency, business and organization who or which provides any information to the City from any and all claims, liability or damages related to providing or releasing information to the City pursuant to this Authorization and Release. I further release the City and each of its elected officials, officers, employees and agents from any and all claims, liability or damages related to any use or disclosure by the City of any information obtained by reason of the credit and/or criminal background reports for purposes related to consideration of my application for employment and/or my employment with the City.

NAME

SOCIAL SECURITY NO.

ADDRESS

DATE OF BIRTH

DRIVER'S LICENSE NO. (WITH STATE)

PREVIOUS ADDRESS

SIGNED NAME

PRINTED NAME

DATE
