



City of *Sweetwater*

P. O. BOX 450 • 200 EAST FOURTH STREET
SWEETWATER, TEXAS 79556 • (325) 236-6313

www.cityofsweetwatertx.com

An Equal Opportunity Employer

Human Resource Fax: 325-933-6574 Phone: 325-236-6313 ext 1311

Instructions: Please read the instructions before completing the application. All applications for employment with the City of Sweetwater must be made on this form and a separate application is required for each position. You may make copies of this application and enter different position titles, but each copy must have an original signature. A resume may be attached, but you must complete all spaces on the application to be considered for employment. All information submitted is subject to verification. A false or misleading statement may result in your disqualification. Return application to the above listed address or to the Texas Workforce Center. Please print or type all answers.

POSITION TITLE APPLYING FOR: _____

DATE AVAILABLE FOR WORK: _____

PERSONAL DATA

NAME: _____
Last First Middle

SOCIAL SECURITY NUMBER: _____ - _____ - _____

HOME PHONE: _____ - _____ - _____ **CELL PHONE:** _____ - _____ - _____

HOME ADDRESS _____ **EMAIL ADDRESS:** _____

EDUCATION AND TRAINING

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 High School Diploma or GED? Yes No

| <u>Name and Location of School</u> | <u>City/State</u> | <u>Course of Study</u> | <u>Graduated Yes/No</u> |
|------------------------------------|-------------------|------------------------|-------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

We lead with trust and respect to provide a vibrant, secure community for all.

PROFESSIONALISM INTEGRITY CONTINUOUS IMPROVEMENT TEAMWORK

Military Experience (Attach copy of DD-214)

Branch: _____ **Dates:** _____

If a license, certificate, or other authorization is required or related to the position for which you are applying, please complete the following:

License/Certification: _____

Date Issued: _____ **Issued by:** _____

License Number: _____ **Location of Issuing Authority:** _____

Special Training: List any special training program or courses you have attended which you feel may add to your qualifications. List course, date, and institution (including Military training.)

| COURSE TITLE | DATE | GRANTING INSTITUTION |
|--------------|------|----------------------|
| | | |
| | | |
| | | |

SPECIAL SKILLS/QUALIFICATIONS: List special skills or qualifications (not listed above) you possess which you believe further qualify you for the position for which you are an applicant (include computer languages, types or computer software, typing speed, 10-Key calculator, specialized equipment or machines, tools, vehicles, heavy equipment, or memberships)

GENERAL INFORMATION

DRIVER'S LICENSE:
STATE: _____ **NUMBER:** _____ **EXPIRATION:** _____

TYPE OF DRIVER'S LICENSE: ___ Class A ___ Class B ___ Class C ___ Class M
___ Class A Comm ___ Class B Comm ___ Class C Comm
Endorsements: _____

DISMISSALS AND/OR FORCED RESIGNATIONS: ___ Yes ___ No **please explain:**

Have you ever been convicted of a **MISDEMEANOR or FELONY** and/or placed on probation, fined, or given a suspended sentence such as deferred adjudication in court? List all cases other than minor traffic violations. **PLEASE NOTE:** A disclosure by you is to your advantage as your record does not constitute an automatic bar to employment. Factors such as, not limited to, age at time of offense(s) and date of offense(s) as well as the relationship between the offense(s) and the job(s) which you apply will be taken into account. **HOWEVER, FAILURE TO ADMIT CONVICTIONS WILL RESULT IN DISQUALIFICATION OF YOUR APPLICATION FOR ONE YEAR.**

_____ **NO** _____ **YES** If yes, please provide the following:

Date: _____ Charge: _____
City/State: _____
Disposition: _____

Date: _____ Charge: _____
City/State: _____
Disposition: _____

Date: _____ Charge: _____
City/State: _____
Disposition: _____

Have you ever been employed in any capacity by the City of Sweetwater: _____ **Yes** _____ **No**
If yes, please indicate:

Title of Position: _____ **Dates of Employment:** _____

Department: _____ **Reason for leaving:** _____

Are you related to any person employed by the City of Sweetwater: _____ **Yes** _____ **No**
If yes, please indicate:

Name: _____ **Relationship:** _____

Department: _____ **Position:** _____

Explanation of any periods of unemployment between jobs:

May we contact your current and previous employer(s): _____ **Yes** _____ **No** If no, please explain:

EMPLOYMENT INFORMATION

In the space provided below, give your employment history beginning with your present or most recent employer. List each position held (even those with the same employer, including military, part-time, summer, volunteer work and any periods of unemployment. **An explanation of any period of unemployment should be included on page 5.**

Employer: _____
Address/City/State: _____
Phone: () _____
Job Title: _____
Dates of employment: From _____ **To:** _____
Beginning Salary: _____ **Final:** _____
Reason for leaving: _____

Briefly describe the nature and duties of your position:

Employer: _____
Address/City/State: _____
Phone: () _____
Job Title: _____
Dates of employment: From _____ **To:** _____
Beginning Salary: _____ **Final:** _____
Reason for leaving: _____

Briefly describe the nature and duties of your position:

Employer: _____
Address/City/State: _____
Phone: () _____
Job Title: _____
Dates of employment: From _____ **To:** _____
Beginning Salary: _____ **Final:** _____
Reason for leaving: _____

Briefly describe the nature and duties of your position:



City of *Sweetwater*

AUTHORIZATION TO RELEASE INFORMATION

I, _____ hereby authorize the release of any information to any City of Sweetwater Official for the use in reviewing my background and qualifications. Therefore, I authorize the investigation of my past and present health, character, education, military, financial, criminal history, driver's license and employment qualifications.

The release of my information is hereby authorized whether such information is of record or not and I do hereby release all persons, agencies or firms from any liabilities resulting from providing such information.

This authorization is valid for 30 days from the date received at the City of Sweetwater Human Resource office.

Attach a copy of driver's license and social security card

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Date Received Human Resource office: _____

Lisa Adames/Human Resource Director _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

**Please:
Check and Initial each Applicable Space**

CCH Report Printed:

YES _____ NO _____ _____ initial

Purpose of CCH: _____

Hire _____ Not Hired _____ _____ initial

Date Printed: _____ _____ initial

Destroyed Date: _____ _____ initial

Retain in your files