CITY OF DECATUR

APPLICATION FOR EMPLOYMENT

201 East Walnut ~ P.O. 1299, Decatur, TX 76234
Telephone: 940-393-0205 ~ Fax: 940-627-1341

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please complete in full. Print or type **all** information. False, misleading or incomplete information is cause for rejection or dismissal. Employment is subject to applicant satisfying the City's requirements as to character, employment testing, employment references, and post-offer physical examination and drug screen. This application, along with any attachments, becomes the property of the City of Decatur. An application is required for each position you apply.

All applicants meeting the City's minimum qualifications will be considered for employment without regard to race, religion, sex, national origin, age or the presence of a non-job-related medical condition or disability.

DATE_____**JOB APPLYING FOR:**_____

DATE YOU ARE AVAILABLE TO START WORK_____

IF OFFERED THE POSITION, WILL YOU ACCEPT THE STARTING SALARY? Yes____ No_____

IF NO, WHAT SALARY IS DESIRED?_____

HOW DID YOU LEARN ABOUT US AND/OR THE POSITIONS FOR WHICH YOU APPLIED?

_____Professional Organization/Network _____Walk-In _____Newspaper _____City Employee

_____Decatur Website _____Friend _____Relative _____Other_____

PERSONAL

NAME_____

Last **First** **M.I.**

ADDRESS_____

STREET APT # CITY STATE ZIP

TELEPHONE: **Home:**_____**Work/Cell:**_____

E-MAIL: Home :_____**Work:**_____

ARE YOU CURRENTLY ON "LAY-OFF" STATUS & SUBJECT TO RECALL?..... Yes_____ No_____

ARE YOU CURRENTLY EMPLOYED?..... Yes_____ No_____

ARE YOU ABLE TO TRAVEL IF THE JOB REQUIRES TO DO SO?..... Yes_____ No_____

DO YOU OR YOUR SPOUSE HAVE ANY FRIENDS/RELATIVES WHO

WORK FOR DECATUR?..... Yes_____ No_____

If Yes: Name_____

Dept_____ Relationship _____

HAVE YOU EVER BEEN EMPLOYED BY DECATUR?..... Yes_____ No_____

Dept:_____Reason for Leaving_____

Dates of Employment: Starting_____Ending_____

HAVE YOU PREVIOUSLY FILED AN APPLICATION WITH DECATUR?..... Yes_____ No_____

PLACE AN "X" THROUGH ANY OF THE FOLLOWING THAT YOU ARE UNABLE OR UNWILLING TO WORK:

EVENINGS DEEP NIGHTS WEEKENDS HOLIDAYS ON CALL PART-TIME FULL-TIME TEMPORARY OVERTIME

EMPLOYMENT

INSTRUCTIONS: List **all** employers for which you have worked in the last **ten (10) years,** starting with the most recent or current employer. Complete **all** blanks. Please print or type. Describe all job duties performed which demonstrate your qualifications for the position for which you are applying. **BE ADVISED THAT A RESUME IS NOT A SUBSTITUTE FOR THE INFORMATION REQUESTED BELOW**. A resume may be attached as a supplement to the information given below. Failure to provide the required information may result in disqualification from active consideration.

MOST RECENT EMPLOYER: _____ **Starting Date:** _____

ADDRESS: _____ **PHONE** _____ **Ending Date:** _____

_____

CITY STATE ZIP

NAME OF IMMEDIATE SUPERVISOR: _____ **Starting Salary:** _____

YOUR POSITION: _____ **Ending Salary:** _____

REASON FOR DESIRING CHANGE: _____ **May we contact?** _____

DESCRIBE ALL DUTIES PERFORMED IN THIS POSITION ESPECIALLY THOSE WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE CURRENTLY APPLYING. PLEASE BE SPECIFIC:

_____

_____

_____

NEXT PREVIOUS EMPLOYER: _____ **Starting Date:** _____

ADDRESS: _____ **PHONE** _____ **Ending Date:** _____

_____

CITY STATE ZIP

NAME OF IMMEDIATE SUPERVISOR: _____ **Starting Salary:** _____

YOUR POSITION: _____ **Ending Salary:** _____

REASON FOR DESIRING CHANGE: _____

DESCRIBE ALL DUTIES PERFORMED IN THIS POSITION ESPECIALLY THOSE WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE CURRENTLY APPLYING. PLEASE BE SPECIFIC:

_____

_____

NEXT PREVIOUS EMPLOYER: _____ **Starting Date:** _____

ADDRESS: _____ **PHONE** _____ **Ending Date:** _____

_____

CITY STATE ZIP

NAME OF IMMEDIATE SUPERVISOR: _____ **Starting Salary:** _____

YOUR POSITION: _____ **Ending Salary:** _____

REASON FOR DESIRING CHANGE: _____

DESCRIBE ALL DUTIES PERFORMED IN THIS POSITION ESPECIALLY THOSE WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE CURRENTLY APPLYING. PLEASE BE SPECIFIC:

_____

_____

NEXT PREVIOUS EMPLOYER: _____ **Starting Date:** _____

ADDRESS: _____ **PHONE** _____ **Ending Date:** _____

_____

CITY STATE ZIP

NAME OF IMMEDIATE SUPERVISOR: _____ **Starting Salary:** _____

YOUR POSITION: _____ **Ending Salary:** _____

REASON FOR DESIRING CHANGE: _____

DESCRIBE ALL DUTIES PERFORMED IN THIS POSITION ESPECIALLY THOSE WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE CURRENTLY APPLYING. PLEASE BE SPECIFIC:

_____

_____

EDUCATION

EXPLAIN IN DETAIL ANY TIME LAPSES IN YOUR EMPLOYMENT RECORD DUE TO UNEMPLOYMENT OR OTHER REASONS_____

_____

_____

School/College Name And City Where Located Address	Type of Degree Granted (BBA, BS, BA, AS, MPA) Major & Minor	Mark the Last Year of Education Completed For Each	Total Number of Hours Completed	Number of Hours Completed in Field	Diploma/Degree Granted & GPA
High School	Type: Major: Minor:	9 10 11 12			Diploma? Yes No GED? Yes No GPA _____
College/University	Type: Major: Minor:	1 2 3 4			Degree? Yes No GPA _____
College/University	Type: Major: Minor:	1 2 3 4			Degree? Yes No GPA _____
Graduate School	Type: Major: Minor:	1 2 3 4			Degree? Yes No GPA _____
Business/Trade	Type: Major:	1 2 3 4			

PLEASE DESCRIBE ANY COURSES, PROGRAMS OR OTHER ACTIVITIES WHICH YOU PARTICIPATED IN THAT RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING: _____

_____

_____

PLEASE LIST ANY PROFESSIONAL ASSOCIATIONS, LICENSING AND/OR CERTIFICATION WHICH YOU PARTICIPATE IN OR HAVE ACQUIRED: _____

_____

_____

SERVICE IN THE U.S. ARMED FORCES:

1. HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? YES NO

A. A COPY OF FORM DD214 MUST BE PROVIDED TO THE HUMAN RESOURCES OFFICE PRIOR TO TESTING OR INTERVIEWING IN ORDER TO RECEIVE MILITARY POINTS.

B. ANY JOB RELATED EXPERIENCE _____

2. ARE YOU PRESENTLY A MEMBER OF A MILITARY RESERVE UNIT? _____

FAILURE TO SIGN WILL RESULT IN AN INCOMPLETE APPLICATION.

Name:_____

Signature:_____**Date:**_____

The following information is requested for Human Resources use only. INSTRUCTIONS: Answer **all** questions. Omitted questions will be grounds for disqualification of your application. Falsification of information is grounds for disqualification of your application or immediate termination of employment. Please provide three (3) professional and three (3) personal references.

R E F E R E N C E S

PROFESSIONAL REFERENCES

REFERENCES — #1 PROFESSIONAL:

Name:_____Relationship:_____

Company:_____Title:_____

Address:_____

Telephone:_____Fax:_____Years Known:_____

REFERENCES — #2 PROFESSIONAL:

Name:_____Relationship:_____

Company:_____Title:_____

Address:_____

Telephone:_____Fax:_____Years Known:_____

REFERENCES — #3 PROFESSIONAL:

Name:_____Relationship:_____

Company:_____Title:_____

Address:_____

Telephone:_____Fax:_____Years Known:_____

PERSONAL REFERENCES

REFERENCES — #1 PERSONAL:

Name:_____Relationship:_____

Company:_____Title:_____

Address:_____

Telephone:_____Fax:_____Years Known:_____

REFERENCES — #2 PERSONAL:

Name:_____Relationship:_____

Company:_____Title:_____

Address:_____

Telephone:_____Fax:_____Years Known:_____

REFERENCES — #3 PERSONAL:

Name:_____Relationship:_____

Company:_____Title:_____

Address:_____

Telephone:_____Fax:_____Years Known:_____

IMPORTANT - PLEASE READ

I understand that all information submitted and considered is subject to verification. I understand and hereby authorize and give permission for the City of Decatur to conduct verification and/or investigations including but not limited to credit history, criminal history, driving record, character, employment history, reputation and any other job-related investigations as are necessary to determine my qualifications for employment. I authorize the schools, persons, previous employers and other organizations to provide the City with any and all information about me. I hereby release any such schools, persons, previous employers and other organizations or individuals from any and all liability for damages of whatever kind which may result to me, including but not limited to, claims for negligence, which they might otherwise incur as a result of disclosing the information about me.

I understand that if I am offered employment with the City of Decatur, I will be required to take a post-offer physical exam which will include drug testing. Any offer of employment that I may receive will be conditioned upon the results of the post-offer physical exam. In addition, positive results of the post-offer drug test will disqualify me from employment. I also understand that if I become employed with the City of Decatur, I will be required to comply with the City's drug testing policies and procedures.

I understand also that I am required to abide by all rules and regulations of the City and department. The City shall have the right to amend, modify or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations now or hereafter in effect.

In consideration of my employment, I agree to conform to the rules and regulations of the City of Decatur. I understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of the City or myself. I understand that no employee or officer of the City has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I understand that decisions to fund steps, merit increases, or salary adjustments are made annually by the City Council and the existence of a pay plan or other document showing steps, merit increases, or ranges, does not guarantee a timed progression through a grade.

I certify that all statements and answers to all questions in this application are true, complete and correct and are made in good faith. I understand that falsification of any answers I have given will have serious consequences, including disqualification for employment and/or termination of employment without right of appeal.

My employment shall be in accordance with the terms of this application, City rules and regulations and any amendments thereto. The City shall have the right to amend, modify or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations now or hereafter in effect. Failure to sign the application will result in an incomplete application and will be disqualified.

_____
Printed Name

_____ _____
Signature **Date**

SUPPLEMENTAL WORK & PERSONAL

FAILURE TO SIGN WILL RESULT IN AN INCOMPLETE APPLICATION.

Name:_____

Signature:_____**Date:**_____

The following information is requested for Human Resources use only. This form will not be forwarded to the department in which you are applying.
INSTRUCTIONS: Answer **all** questions. Omitted questions will be grounds for disqualification of your application. Falsification of information is grounds for disqualification of your application or immediate termination of employment. All certification statements agreed to on the general City of Decatur application apply to information given here.

WITHIN THE LAST FIVE (5) YEARS, HAVE YOU EVER BEEN DISCHARGED OR DISCIPLINED BY AN EMPLOYER FOR:

TARDINESS..... YES____ NO____ DISCHARGED_____ DISCIPLINED_____ EMPLOYER_____
JOB ABANDONMENT..... YES____ NO____ DISCHARGED_____ DISCIPLINED_____ EMPLOYER_____
OTHER ATTENDANCE-RELATED PROBLEMS YES____ NO____ DISCHARGED_____ DISCIPLINED_____ EMPLOYER_____
FIGHTING..... YES____ NO____ DISCHARGED_____ DISCIPLINED_____ EMPLOYER_____
ASSAULT..... YES____ NO____ DISCHARGED_____ DISCIPLINED_____ EMPLOYER_____
INSUBORDINATION..... YES____ NO____ DISCHARGED_____ DISCIPLINED_____ EMPLOYER_____
VIOLATING SAFETY RULES..... YES____ NO____ DISCHARGED_____ DISCIPLINED_____ EMPLOYER_____
EXPLAIN ANY "YES" RESPONSES GIVEN ABOVE: _____

_____
_____
_____
_____

HAVE YOU EVER BEEN DISCIPLINED OR DISCHARGED BY AN EMPLOYER FOR:

THEFT..... YES____ NO____ DISCHARGED_____ DISCIPLINED_____ EMPLOYER_____
BEING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS AT WORK..... YES____ NO____ DISCHARGED_____ DISCIPLINED_____ EMPLOYER_____
POSSESSION OFALCOHOL OR DRUGS WHILE AT WORK..... YES____ NO____ DISCHARGED_____ DISCIPLINED_____ EMPLOYER_____
SALE OF ALCOHOL OR DRUGS AT WORK..... YES____ NO____ DISCHARGED_____ DISCIPLINED_____ EMPLOYER_____
UNAUTHORIZED REMOVAL OF EMPLOYER'S PROPERTY..... YES____ NO____ DISCHARGED_____ DISCIPLINED_____ EMPLOYER_____
FALSIFYING EMPLOYMENT, EDUCATION, AND/OR APPL. INFO..... YES____ NO____ DISCHARGED_____ DISCIPLINED_____ EMPLOYER_____
SEXUAL HARASSMENT OR SEXUAL IMPROPRIETY..... YES____ NO____ DISCHARGED_____ DISCIPLINED_____ EMPLOYER_____

HAVE YOU EVER BEEN DISCHARGED (FIRED) FROM A JOB? YES____NO____EMPLOYER_____
HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY EXCLUDING MINOR TRAFFIC OFFENSES?..... YES____ NO____
HAVE YOU EVER BEEN PLACED ON DEFERRED ADJUDICATION, DEFERRED PROBATION OR DEFERRED PROSECUTION?..... YES____ NO____
ARE YOU CURRENTLY ON PROBATION, COMMUNITY SUPERVISION OR PAROLE?..... YES____ NO____
HAVE YOU EVER TESTED POSITIVE FOR A CONTROLLED SUBSTANCE IN THE LAST TWO YEARS?... YES____ NO____
HAVE YOU EVER REFUSED A REQUIRED TEST FOR DRUGS OR ALCOHOL IN THE LAST TWO YEARS? YES____ NO____
EXPLAIN ANY "YES" RESPONSES GIVEN ABOVE AND GIVE DATES OF SAME. CONVICTION INFORMATION SHOULD INCLUDE STATE, COUNTY AND DATE OF OCCURRENCE._____

_____
_____

CITY OF DECATUR

Notice of Disclosure & Consumer Consent

(Related to Fair Credit Reporting Act)

Consumer Information (Applicant/Employee/Volunteer/Vendor/Solicitor)

The information you provide below will be used solely for the purpose of obtaining consumer reports for employment or business-related purposes. The City of Decatur will not use this information for any reason that violates applicable Federal or State equal employment opportunity laws or regulations.

Legal Name:_____**Social Security #**:_____**Date/Birth**:_____

Home Address:_____**City:**_____**ST:**_____**ZIP:**_____

Driver's License: _____ **Type**: __Operator __Commercial Other____ **Class**: __A __B __C Other____**State/Issue**:__

Status: o Applicant applying for new position. Name of Position:_____
o Current employee applying for new position. Name of New Position:_____
o Volunteer applying for position. Hosting Dept:_____ Name of Position:_____
o Other Employment or Business-Related Activity. Description:_____

Disclosure Requirements

In compliance with the Fair Credit Reporting Act (FCRA), the City of Decatur is notifying you as a consumer that information provided by you on the City's employment applications or other similar documents may be verified using "consumer reports" provided by a "consumer reporting agency" (CRA) for employment purposes or other legitimate business-related purposes. The City of Decatur has contracted with a number of CRA's to verify certain information provided by you for employment or business-related purposes. Under FCRA, "employment purposes" means a report used for evaluating a consumer for employment, promotion, reassignment, or retention as an employee. "Business-related purposes" includes volunteer applicants, vendors/solicitors, license/permit applicants, or others performing business-related services related to the City.

As defined in FCRA 603 (d) (1) (A), "consumer reports" include, but are not limited to, written communications from CRA's reflecting an applicant's financial position, character, general reputation, personal characteristics or mode of living for employment purposes. Examples of "consumer reports" that the City may use include, but are not limited to verifications and/or information on the following: motor vehicle records, criminal and civil records, credit reports, education records, prior employment, and other public documents.

Your employment, continued employment, or affiliation with the City of Decatur may be determined in whole or in part by the City using data from consumer reports supplied by various CRA's. Pursuant to Section 609 of the FCRA, you may be entitled to a copy of the consumer reports provided by the CRA.

In compliance with the FCRA, the City of Decatur agrees information obtained through CRA's will not be used in violation of any applicable Federal or State equal employment opportunity law or regulation.

Consumer Acknowledgement and Consent

I understand and agree that one or more consumer reporting agencies will verify all or part of the information I have given the City of Decatur in employment applications, telephone conversations, interviews, or by other means during the application process for employment, volunteer opportunities, licenses/permits, or other similar legitimate business-related activities. I understand that this verification may include an inquiry into my credit history, motor vehicle driving records, criminal and civil records, prior employment (including contacting prior employers), education (degree, GPA and attendance) as well as other public record information.

I release and hold harmless from all liability any individual or entity, including the City of Decatur and the CRA's it uses, for requesting or supplying information with respect to my application for employment or other legitimate business-related purpose. If employed or accepted by the City, I understand that this document will remain valid throughout my employment and/or affiliation with the City. I agree that this document constitutes proper, legal notice of FCRA disclosures and authorizes my consent to perform checks related to my employment or business affiliation with the City.

I authorize and consent to the release of such information as may be necessary to verify the information I have provided. I am also aware, and do further consent and authorize the City of Decatur to use this information to evaluate my candidacy for employment, my continued employment, or my affiliation with the City of Decatur.

_____ _____ _____

Printed/Typed Name of Consumer | Signature of Consumer | Date

CITY OF DECATUR
Equal Employment Opportunity Data Record

DATA RECORD PURPOSE:

As a municipality and recipient of federal funds, the City of Decatur is subject to federal and state laws requiring equal employment opportunity. In order to monitor compliance with these laws and to assure job openings reach qualified applicants, we ask all applicants for all positions to provide the following information, which will be maintained in a confidential manner to the extent authorized by law. This information will be separate from your application and employment-related files and will not be used as the basis for making employment decisions. Your voluntary participation in obtaining this information is greatly appreciated. After completion, please return to the City at the following address as soon as possible:

City of Decatur
Human Resources Department
201 East Walnut ~ P.O. Box 1299
Decatur, Texas 76234
T: 940-393-0205 ~ F: 940-627-1341

APPLICANT INFORMATION:

Full Name: _____ _____ _____
Last First Middle

Address:_____City:_____ST:_____ZIP:_____

Today's Date:_____ Gender: _____Female _____Male Date of Birth:_____ Age:_____

POSITION APPLIED FOR:

Job Title:_____Dept:_____

ETHNICITY (check only one):

_____White/Caucasian (non-Hispanic) _____ African American/Black _____American Indian/Alaskan Native

_____Hispanic (including persons of Mexican, Puerto Rican, Cuban, South American or other Spanish origin or culture regardless of Race)

_____Asian or Pacific Islander _____Other (please specify) _____

REFERRAL SOURCES (may check more than one):

CITY RESOURCES: _____HR Job Posting Board _____City website Other_____

NEWSPAPER: _____*Fort Worth Star Telegram* _____*Dallas Morning News* _____*Wise County Messenger*

Other_____

PROFESSIONAL ORGANIZATION: (please specify)_____

PERIODICAL/JOURNAL: (please specify):_____

OTHER: City employee Friend not working at the City Agency TML
Texas Workforce Internet site (please specify):_____

SIGNATURE:

_____ _____ _____
Printed Name of Applicant Signature of Applicant Date

CITY OF DECATUR AT-WILL EMPLOYER

I understand that nothing in this application, or in any prior or subsequent written or oral statement, creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by the City of Decatur my employment will be at-will, for an indefinite period of time, and may be terminated at any time, with or without cause or notice, at the option of the City of Decatur or myself. I understand that I have the right to end my employment at any time and that the City of Decatur retains that same right. I also understand that no one has the authority to enter into any contract, agreement or modification of the foregoing unless such contract, agreement or modification is in writing and signed by the City Manager.

Signature		Date	

WRITTEN NOTICE

The applicant will need to sign the application in person if selected to go through the interview process to be officially accepted for a position.