

CITY OF FROST
P. O. BOX X
FROST, TX 76641
903-682-3861
Phone & Fax
cityoffrost@txun.net

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

POSITION APPLIED FOR

DATE OF APPLICATION

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS NUMBER

STREET

CITY

STATE

ZIP CODE

TELEPHONE NUMBERS

SOCIAL SECURITY NUMBER

Are you currently employed?

May we contact your present employer?

On what date would you be available for work?

Can you travel if a job requires it?

Have you ever been convicted of a felony?

If yes, explain.

Education

	Elementary School					High School				Undergraduate College / University				Graduate / Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

- _____
- _____
- _____

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer		Length of Service		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
2.	Employer		Length of Service		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
3.	Employer		Length of Service		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
4.	Employer		Length of Service		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

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

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PERMISSION TO RELEASE INFORMATION

I hereby give permission for the City of Frost to check my criminal record (TCIC, NCIC) and Department of Public Safety driving record, references, credit, verify previous employers, and any other background to aid the City in a decision to employ me.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

DRIVERS LICENSE NUMBER

DATE SIGNED

DATE OF BIRTH

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No

Date of Employment _____

Job Title _____

Hourly Rate/

Salary _____

Department _____

By _____

NAME AND TITLE

DATE

NOTES

This Application For Employment and Employment Data Record is sold for general use throughout the United States. Amsterdam Printing and Litho Corp. assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.