

Application for Employment

City of Collinsville

**P. O. Box 649 / 101 North Main Street
Collinsville, TX 76233-0649**

Phone: 903-429-6225 / Fax: 903-429-3059

PLEASE PRINT

Date of application _____

Position (s) applied for _____

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip Code

Telephone Number: (____) _____ - _____

Social Security # _____ Birth Date: _____

1) Have you filed an application with the City of Collinsville before? _____

If you answered yes, give date the application was filed. _____

2) Have you been employed by the City of Collinsville before? _____

If you answered yes, give date of last day employment with the City. _____

3) Are you currently employed? _____

If you answered yes, may we contact your current employer? _____

4) Are you prevented from lawfully being employed in this country because of Visa or immigration status? _____ (Proof of citizenship or immigration status must be presented)

5) On what date would you be available for work? _____

Are you available to work FULL TIME PART TIME SHIFT WORK

6) Are you currently on layoff and subject to recall? _____

7) Can you travel if job requires it? _____

8) Have you been convicted of a felony within the past seven (7) years? _____

(conviction will not necessarily disqualify from employment)

If you answered yes, please explain. _____

9) Are you a veteran of the U.S. Military service? _____

10) Give name, address and telephone number of three references that are not related to you and are not previous employers. _____

EDUCATION LEVEL

	Elementary	/	High School	/	College	/	Professional													
School Name	_____																			
Years Completed	_____																			
<i>(Please Circle)</i>	4	5	6	7	8	/	9	10	11	12	/	1	2	3	4	/	1	2	3	4

Special Diplomas or Degrees: _____
 Describe special training or skills that you have obtained: _____

Indicate languages that you can:
 Speak: _____
 Read: _____
 Write: _____

.....

I certify that the information written on this application for employment is true and complete to the best of my knowledge.
 I authorize investigation of all information and statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application for employment is not a contract of employment.
 In the event of employment, I understand that false or misleading information given in my application for employment or interview may result in being discharged or terminated. I also understand that I am required to abide by all rules and regulations of the City of Collinsville.

 Applicants Signature

 Date

EMPLOYMENT RECORD

Please provide a list of your former employers beginning with your most recent or present job listed first and prior jobs listed in descending order.

Employer _____ Telephone # (_____)
Address _____
Job Title _____ Supervisor's Name _____
Type Work Performed _____
Dates Employed: From _____ To _____
Salary: Starting _____ Final _____
Reason for Leaving _____

Employer _____ Telephone # (_____)
Address _____
Job Title _____ Supervisor's Name _____
Type Work Performed _____
Dates Employed: From _____ To _____
Salary: Starting _____ Final _____
Reason for Leaving _____

Employer _____ Telephone # (_____)
Address _____
Job Title _____ Supervisor's Name _____
Type Work Performed _____
Dates Employed: From _____ To _____
Salary: Starting _____ Final _____
Reason for Leaving _____

Employer _____ Telephone # (_____)
Address _____
Job Title _____ Supervisor's Name _____
Type Work Performed _____
Dates Employed: From _____ To _____
Salary: Starting _____ Final _____
Reason for Leaving _____

APPLICANT DATA RECORD

Solely to help the City of Collinsville comply with government record keeping, reporting and other legal requirements, please complete this applicant data record.

PLEASE PRINT

Date:

Position Applied For:

Referral Source:

Advertisement Friend Relative Walk-In
Employment Agency Other

Name _____
Last First Middle

Telephone: _____

Address: _____
Street City State Zip Code

CHECK ONE

Male Female

Race/Ethnic Group: White Black Hispanic
American Indian/Alaskan Native Other

CHECK ONE IF APPLICABLE

Veteran Disabled Veteran Handicapped