

Personnel Use Only Date Received: _____

Position Applied For:	Date:
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**Employment Application
City of Breckenridge
105 N. Rose Avenue
Breckenridge, TX 76424
Tele: (254)559-8287 Fax: (254)559-7322**

We appreciate the time you spend completing this application. Please complete all portions of this application. The City, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, ancestry, mental or physical disability, veteran status, citizenship, or any other protected classification. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources.

(Please Type or Print)

Name:			Last	First	Middle
Mailing Address:			Street	City	State Zip Code
Telephone #'s:			Home	Cell	
DL #:			#	State	Expires
E-Mail Address:					
Have you previously filed an application?				Yes (Date)	No
Have you ever been employed with the City?				Yes (Date)	No
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? (Proof of citizenship or immigration status will be required upon employment)				Yes	No
On what date would you be available for work?				Date:	
Can you travel if the job requires it?				Yes	No
Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment)				Yes	No
If yes please explain:					
Are you 18 years of age or older?				Yes	No
Have you ever been a member of the United States Military?				Yes	No
If yes what branch:					

Education and Training

Name of High School _____
Years Completed _____
Diploma Yes or No
GED Yes or No

Name of College _____
Course of Study _____
Years Completed _____
Degree _____

Name of College _____
Course of Study _____
Years Completed _____
Degree _____

Other _____

Describe any job-related training received in the United States military. _____

List any professional, trade, business or civic activities and offices held. (You may exclude membership that would reveal gender, race, national origin, age, ancestry, disability or other protected status. _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE READ THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities described in the job description for which you have applied?

Circle One:

YES

NO

Employment Experience

Start with your present or last job and list all for the last 10 years. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. Attach additional pages

Employer:	Permission to contact? Y/N
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Address:

Telephone:	Job Title:
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Supervisor:	Reason for leaving:
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Employed: From:	To:	Final rate of pay:
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Duties:

Employer:	Permission to contact? Y/N
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Address:

Telephone:	Job Title:
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Supervisor:	Reason for leaving:
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Employed: From:	To:	Final rate of pay:
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Duties:

Employer:	Permission to contact? Y/N
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Address:

Telephone:	Job Title:
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Supervisor:	Reason for leaving:
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Employed: From:	To:	Final rate of pay:
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Duties:

Employer:	Permission to contact? Y/N
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Address:

Telephone:	Job Title:
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Supervisor:	Reason for leaving:
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Employed: From:	To:	Final rate of pay:
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Duties:



Additional Information

Knowledge and Specialized Skills:

What type of computers and software have you used?

What type of heavy equipment have you used?

Other qualifications specific to this position?

List any certifications you have received:

List any family members employed by the City, family members means the spouse of the employee; a life partner or person cohabitating with the employee; a child, including stepchild and/or an adopted child of the employee; a parent, step-parent, sibling, or grandparent of the employee or a parent or sibling of the employees' spouse.

Please state any additional information you feel may be helpful to us in considering your application.

Professional References

Name:

Address:

Telephone:

Relationship:

Name:

Address:

Telephone:

Relationship:

Name:

Address:

Telephone:

Relationship:

APPLICANT'S STATEMENT

I certify the information provided in my application and resume (if attached) is true and complete to the best of my knowledge.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the City of Breckenridge does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

This application for employment shall be considered active for a period of time not to exceed six months. If the applicant is not selected for this position, they must submit a new application for consideration for other positions that may be advertised.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and the federal immigration laws require me to complete an I-9 Form in this regard.

The City of Breckenridge does not tolerate unlawful discrimination in its employment practices. No questions on this application are used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. The City of Breckenridge likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. The City of Breckenridge takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

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

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT. I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement. Please print & sign your name below to confirm that you have read and accept this Applicant Statement.

Applicant Name: _____

Signature of Applicant: _____ Date: _____
Please *sign*

Background Check Authorization Form

To Be Completed by Volunteer

Please print all requested information to apply and register as a volunteer and authorize the City of Breckenridge perform a background check.

Name: _____

Address: _____

Home Phone: _____ Cell: _____

E-Mail: _____

Social Security #: _____ Date of Birth*: _____

Driver's License #: _____

Former Name (if applicable): _____

I hereby authorize the City of Breckenridge to conduct a security background check on me. I understand that this security check will cover information including, but not limited to, criminal history, education, and employment. I hereby release the City of Breckenridge and its elected officials, employees, agents and assigns, as well as the Company performing the background check and its employees, from all liability resulting from the furnishing of this information to the City of Breckenridge. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein could void my consideration, participation, or appointment as a City of Breckenridge volunteer.

Signature: _____ Date: _____

With limited exceptions, you are entitled (at your request) to be informed about the information the Town of Breckenridge collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review certain information. The information that the City of Breckenridge collects will be retained and maintained as required by Texas records retention laws and rules. Different types of information are kept for different periods of time.

* DOB is being requested to obtain accurate retrieval of records.