



EMPLOYMENT APPLICATION

City of Saginaw Texas

333 West McLeroy Blvd.
P.O. Box 79070 Saginaw,
Texas 76179 Phone: 817-
232-4640 Fax: 817-232-
4644 www.SaginawTx.org
applications@saginawtx.org

Email Address : _____

INSTRUCTIONS: Read carefully and print all information. Completion of this form is voluntary. Failure on your part to furnish all or part of the information requested may result in denial of your application. Employment is subject to applicants' satisfying the City's requirements as to morals, character, reference and physical examination. This application must be renewed after three months and becomes the property of the City of Saginaw. The City of Saginaw does not discriminate on the basis of race, color, national origin, sex, religion, age, or disabled status in employment or the provision of services.

Position Applied for: _____ Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: (____) _____ Cell Phone #: _____

Driver's License Number: _____ Type: _____ State Issued: _____ Expiration: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

Have you ever been employed with us before? ☐ Yes ☐ No

If Yes, give date: _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Are you currently a member of a military unit? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain:

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Additional Information

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

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

Specialized Skills

Check Skills / Equipment Operated

☐ CRT

☐ PC

☐ Calculator

☐ Typewriter

☐ Fax

☐ Excel

☐ PBX System

☐ Word

Production/Mobile Machinery (list):

Other (list):

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

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, disabilities or other protected status.

1.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

2.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

3.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

4.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	c
Reason for Leaving				

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

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Professional References (No Relatives)

1.	()
(Name)	Phone Number
(Address)	
2.	()
(Name)	Phone Number
(Address)	
3.	()
(Name)	Phone Number
(Address)	

Are you related to any member of the City Council or any current City of Saginaw employee?

☐ Yes ☐ No

If "Yes." Name of Relative: _____ Relationship: _____ Dept. _____

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

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. ☐ Yes ☐ No

EMPLOYMENT AT-WILL STATEMENT

In consideration of my employment, I agree to conform to the rules and regulations of the City of Saginaw, and my employment and compensation can be terminated with or without cause, and with without notice, at any time, at the option of the City or myself.

APPLICANT'S CERTIFICATION

I have reviewed the principle job duties and the minimum qualifications for the position for which I have applied. I am aware that this application will be subject to public disclosure unless an exception under the Texas Open Records Act is applicable.

The information on this application is accurate to the best of my knowledge and is subject to verification by the City of Saginaw if so requested. I understand that the information provided by me herein may be used for the purpose of investigating my eligibility and my previous employers may be contacted. I agree that the City of Saginaw will not be liable for any damage which may result from the release of such information, and that any misrepresentation or deliberate omission in my application may be justification for refusal of, or termination of, employment with the City of Saginaw.

My signature below indicates that I have read and fully understand the foregoing statements.

Applicant Signature

Date