

Date: _____

City of Graham
429 Fourth Street
PO Box 1449
Graham, Texas 76450
(940) 549-3324

APPLICATION FOR EMPLOYMENT

Please print in ink or use typewriter. Attach extra sheets of paper when necessary. Read carefully and answer all question completely.

Position or department applying for: _____

APPLICANT INFORMATION:

Name: _____ Social Security #: _____

Current Address: _____

Telephone number: Home # _____ Cell # _____

Are you authorized to work in this country? () yes () no

Driver's License Type: _____ Number: _____ State of Issue: _____

Residences: List all address where you have lived during the past 3 years, beginning with the present. List date by month and year.

Military Record:

Have you served in the U.S. Armed Forces? () yes () no

Date of Service: From _____ To _____ Branch _____

Highest Rank Held: _____ Type of discharge: _____

EDUCATION:

Did you complete high school or G.E.D. ? () yes () no

High School Attended

City & State

Graduated

College/University attended: _____

Units Completed _____ Major/Minor _____ Degree received: _____

List other schools attended (trade, vocations, business) give name and address, dates attended, course of study, and other pertinent information.

SPECIAL QUALIFICATIONS:

List any specialized equipment or machinery which you can operate:

List names of any professional organization of which you are a member: _____

CONVICTIONS, DETENTIONS, AND TRAFFIC RECORD

Specify all convictions and nature of offense:

Has your driver's license ever been suspended or revoked? () yes () no

List all traffic citations you have received excluding parking tickets:

WORK HISTORY: Beginning with your present or most recent job, list all employment, including part-time, temporary or seasonal employment. Include all periods of unemployment.

YOU MUST COMPLETE ALL BLANKS WITH INFORMATION REQUESTED.

May we contact your present employer? () yes () no

From _____ To _____ Employer _____
Address (number/street/city/state/zip) _____

Phone number _____ Job Title _____
Supervisor _____ Reason for leaving _____

From _____ To _____ Employer _____
Address (number/street/city/state/zip) _____

Phone number _____ Job Title _____
Supervisor _____ Reason for leaving _____

From _____ To _____ Employer _____
Address (number/street/city/state/zip) _____

Phone number _____ Job title _____
Supervisor _____ Reason for leaving _____

PERSONAL REFERENCES: give name, address, and phone number of three persons other than relatives, who have knowledge of your character, experience, or ability:

CERTIFICATION

I hereby certify that the statements in the application are true and correct. I realize that they will be investigated and thereby authorize the release of any pertinent and appropriate information from my past employer and personal references. I understand that misrepresentations on my part in completing this application will cause my application to be rejected at anytime before or after my possible employment with the City of Graham.

I understand that this application is not an employment agreement, and that no employment is being offered to me in this application. If I am offered employment, I understand that under the at-will doctrine the City is allowed to change my wages, benefits, and other conditions of employment at any time. I also understand that under the at-will doctrine, I may terminate my job with the City at any time for any reason.

Signature of Applicant: _____ Date: _____

Return applications to: City of Graham
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