

304 Lindsey Street – Bowie, TX 76230

Phone: 940-872-1114

Fax: 940-872-5702

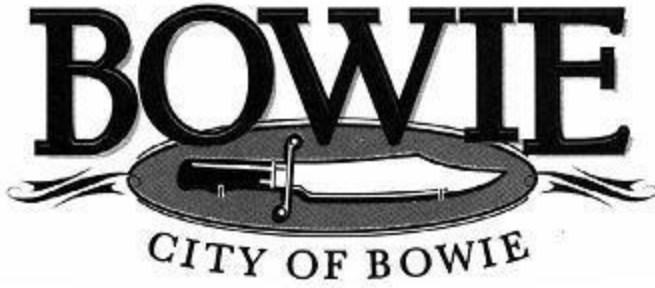
www.CityofBowieTX.com

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE READ AND FOLLOW THESE INSTRUCTIONS:

1. The Application you submit will be reviewed and evaluated based upon the information you have supplied. Please make sure you answer and/or note non-applicable to all questions. The City will consider ONLY Applications that are fully completed.
2. City Applications are submitted and accepted ONLY when a specific employment notice of a job vacancy is posted.
3. The submittal of a resume in addition to your Application is accepted. (NOTE)* A resume will not substitute for a complete Application.
4. All Applications will be reviewed after the posting deadline or as noted by the City on the Job Posting.
5. The City of Bowie will notify (either by telephone or mail) the applicants selected for pre-placement testing and/or personal interview. All other applicants will receive no further notice.
6. A separate Application is required for each Job Posting.
7. Completed Application may be mailed, faxed, or completed on our website at one of the addresses listed at the top of this page.



EMPLOYMENT APPLICATION

Mail Application To:

City of Bowie
304 Lindsey St
Bowie, TX 76230

Fax Application To: 940-872-5702
Assistance Call: 940-872-1114

Online Application:

www.CityofBowieTX.com

AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS: IT IS IMPORTANT THAT YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FULLY AND ACCURATELY. FAILURE TO DO SO MAY DELAY ITS CONSIDERATION AND COULD MEAN LOSS OF EMPLOYMENT OPPORTUNITIES. IF AN ITEM DOES NOT APPLY TO YOU, OR THERE IS NO INFORMATION TO BE GIVEN, PLEASE WRITE N/A (NOT APPLICABLE) IN THE SPACE PROVIDED.

PLEASE USE BLUE OR BLACK INK.

The City of Bowie Texas considers all Applicants for employment without regard to race, color, religion, ethnicity, gender, national origin, age, physical handicap, or any other protected status or classification in accordance with State and Federal Laws. The City of Bowie Texas also provides "reasonable accommodations" to qualified individuals with known disabilities, in accordance with the Americans with Disabilities Act.

Position Applying For: _____ **Date:** _____
(Job Posting Title)

How did you learn about the opening: Website Newspaper Relative Friend Employment agency Other

PERSONAL INFORMATION

Name: _____ Social Security # _____
(Please Print) LAST FIRST MIDDLE

Address: _____
Number & Street City State Zip Code

Telephone # (____) _____ Telephone # (____) _____

Type of Work you will accept: Full Time Part Time Temporary Shift Work Night Weekend

Date Available to Start Work: _____ Can you travel if the job requires it? YES NO

Have you ever been employed by The City of Bowie YES NO If YES, give date _____

Do any of your friends, relatives or spouse currently work for The City of Bowie: YES NO

Are you a U.S. Citizen? YES NO

Do you have the legal right to work in the United States? YES NO

Have you been convicted of a felony within the last five years? YES NO

EDUCATION AND TRAINING

High School Graduate? YES NO GED If GED, what agency? _____

Name and Address of High School _____

ADDITIONAL EDUCATION:

LIST COLLEGES, TRADES SCHOOLS, CERTIFICATIONS, FORMS OF EDUCATION ABOVE THE HIGH SCHOOL LEVEL

NAME of SCHOOL	ADDRESS / PHONE	# of CREDIT HOURS	TYPE OF DIPLOMA, DEGREE OR CERTIFICATION	MAJOR SUBJECT

COMPUTER SKILLS: MSWord for Windows Excel Access Publisher Power Point Other

List Other Machines or Equipment Operated: _____

List Special Licenses or Registrations: _____

List any Additional Training, Technical Skills or Professional Knowledge that would support your Application _____

<p>NOTE: DO NOT ANSWER THIS QUESTION UNTIL YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE MAKING APPLICATION. Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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DRIVING AND CONVICTION RECORD

Your driving record will only be considered to the extent you will be driving city vehicles or doing city business in your personal vehicle.

Do you have a valid driver's license? YES NO State Issued? _____ Type? A B C CDL

Have you been issued a citation for any moving traffic violation(s) within the past three years for which you were convicted served probation, took deferred adjudication or attended driving school?

YES NO If YES please complete the following:

_____	_____	_____
Charge	Date	Location
_____	_____	_____
Charge	Date	Location
_____	_____	_____
Charge	Date	Location
_____	_____	_____
Charge	Date	Location

Have you ever been convicted of a crime other than a Class C traffic offense? YES NO
If YES, please complete the following: (a conviction will not automatically exclude you from employment)

_____	_____	_____
Charge	Date	Location
_____	_____	_____
Charge	Date	Location
_____	_____	_____
Charge	Date	Location

REFERENCES	PLEASE INCLUDE NAME, PHONE NUMBER, PROFESSIONAL OR PERSONAL
1.	
2.	
3.	

EMPLOYMENT RECORD: List your employment experience, beginning with the most recent.
Continue on a separate page if additional space is necessary for a complete list of employment during the past 10 years.

Are you presently employed? YES NO May we contact your current employer? YES NO

EMPLOYER: _____ DATES: FROM ___/___/___ TO ___/___/___

ADDRESS: _____ PHONE # _____

POSITION/TITLE: _____ SUPERVISOR: _____

SALARY: START \$ _____ FINAL \$ _____ REASON FOR LEAVING: _____

DESCRIBE YOUR DUTIES: _____

EMPLOYER: _____ DATES: FROM ___/___/___ TO ___/___/___

ADDRESS: _____ PHONE # _____

POSITION/TITLE: _____ SUPERVISOR: _____

SALARY: START \$ _____ FINAL \$ _____ REASON FOR LEAVING: _____

DESCRIBE YOUR DUTIES: _____

EMPLOYER: _____ DATES: FROM ___/___/___ TO ___/___/___

ADDRESS: _____ PHONE # _____

POSITION/TITLE: _____ SUPERVISOR: _____

SALARY: START \$ _____ FINAL \$ _____ REASON FOR LEAVING: _____

DESCRIBE YOUR DUTIES: _____

CONTINUED EMPLOYMENT RECORD

EMPLOYER: _____ **DATES:** FROM ___/___/___ TO ___/___/___

ADDRESS: _____ **PHONE #** _____

POSITION/TITLE: _____ **SUPERVISOR:** _____

SALARY: START \$ _____ FINAL \$ _____ **REASON FOR LEAVING:** _____

DESCRIBE YOUR DUTIES: _____

EMPLOYER: _____ **DATES:** FROM ___/___/___ TO ___/___/___

ADDRESS: _____ **PHONE #** _____

POSITION/TITLE: _____ **SUPERVISOR:** _____

SALARY: START \$ _____ FINAL \$ _____ **REASON FOR LEAVING:** _____

DESCRIBE YOUR DUTIES: _____

Please explain any lapses in employment: _____

Have you ever been fired or asked to resign from any job within the past ten (10) years? YES NO

If YES, please explain: _____

ADDITIONAL INFORMATION

In the space provided, you may provide additional information that you feel may be helpful to the City of Bowie in arriving at a decision concerning your qualifications for employment.

OPTIONAL INFORMATION

Military: Have you ever served in the U.S. Armed Forces? YES NO

Details and Type of Discharge: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the City of Bowie.

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

Date