



CITY OF ARCOLA

13222 SH 6
ARCOLA, TEXAS 77583
PH: 281-431-0606
FAX: 281-431-1523

APPLICATION FOR EMPLOYMENT

City of Arcola is an Equal Opportunity Employer

PERSONAL INFORMATION

Name (Last, First, Middle):

Date:

Social Security Number:

Home Address:

City:

State:

Zip:

Home Phone:

Business Phone:

Can you prove your U.S. Citizenship? Circle one:

Yes

No

If not a U.S. Citizen, give Visa No. and Expiration Date:

POSITION YOU ARE APPLYING FOR

Title:

Salary Requirement:

Referred by:

Date You Can Start:

EDUCATION RECORD

High School (Name, City, State):

Graduation Date:

Business or Technical School (Name, City, State):

Dates Attended:

Degree Earned:

Undergraduate College (Name, City, State):

Dates Attended:

Degree, Major:

Graduate School (Name, City, State):

Dates Attended:

Degree, Subject:

WORK HISTORY (give information about your last 3 jobs, starting with the most recent)

1-Employer

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Supervisor's Name and Title:

Reason for Leaving:

2-Employer

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Supervisor's Name and Title:

Reason for Leaving:

3-Employer

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Supervisor's Name and Title:

Reason for Leaving:

BUSINESS REFERENCES (if applying for your first job, you may use academic references)

1-Name:

Business Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

2-Name:

Business Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

3-Name:

Business Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

JOB-RELATED SKILLS

Note: Do not fill out any part of this section you believe to be non-job related.

List language in which you are fluent _____

If the job requires, do you have the appropriate valid driver's license? ___ Yes ___ No

DL# _____ Type _____ State of issue _____

Have you had any moving violations? ___ Yes ___ No Please describe _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company:

MEMBERSHIPS

List memberships in professional, honorary, and/or scientific or engineering societies. You may omit those, which indicate your race, color, national origin, ancestry, religion, sex, age, or political affiliations.

PLEASE READ AND SIGN

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Signature:

Date:

FAIR CREDIT REPORTING ACT (FCRA)

DISCLOSURE AND AUTHORIZATION

COMPANY COPY

NOTE: PLEASE READ CAREFULLY BEFORE SIGNING BELOW

I understand that City of Arcola may obtain to have prepared a consumer report or investigative consumer report ("Report") concerning my social security number, motor vehicle operation history, criminal history, and other information to the extent permitted by law from various local, state, and federal agencies, private and insurance sources, and other available public records. I understand that the Report may also include information concerning my prior employment, military record, education, character, general reputation, personal characteristics, mode of living, work habits, performance and experience.

I understand that I have the right to dispute information on the Report. Before any adverse action is taken in whole or in part as a result of the information contained in a consumer report, I will be provided a copy of the consumer report, a description of my rights under the law, and the name, address and telephone number of the agency providing the Report.

I understand that upon written request to the City of Arcola, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.

By signing below, I voluntarily and knowingly authorize the release of all information requested by the City of Arcola for the purpose of preparing the Report. I further understand that my application for employment will not be complete until I have completed any additional paperwork required for the purpose of preparing a Report.

Applicant Name: _____

Applicant Signature: _____

Date Signed: _____

(Please note a summary of your rights under the Fair Credit Reporting Act prepared by the Federal Trade Commission is on the reverse.)

FAIR CREDIT REPORTING ACT (FCRA)

DISCLOSURE AND AUTHORIZATION

APPLICANT COPY

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