

EMPLOYMENT APPLICATION

An Equal Opportunity Employer Visit us on the Web at www.city-of-muleshoe.com Phone: (806) 272-4528



Instructions: Please read the instructions before completing the application. All applications for employment with the City of Muleshoe

POSITION APPLYING FOR:	DATE AVAILABLE FOR WORK:
Please clearly print or type all answers.	
address and phone number above. Return your appli-	cation to the City of Muleshoe, 215 S 1st Street, Muleshoe, Texas 79347.
, ,	an accommodation to complete this application, please contact the City Secretary at the
	information submitted is subject to verification. A false or misleading statement may
1 , 1,	original signature. A resume may be attached, but you must complete all spaces on the
	tion is required for each position. You may make copies of this application and enter

PERSONAL DATA NAME: (Last) (First) (MI) CURRENT ADDRESS: (Number & Street) _ (City) (State) (Zip) List any other names used if different from name given on application: PHONE (Work): (PHONE (Home): (**E-MAIL ADDRESS: EDUCATION & TRAINING**

HIGHEST GRADE COMPLETED:

HIGH SCHOOL DIPLOMA OR GED?

Type of School	Name & Location of School	Sem/Clock Hours Completed	Graduated Y/N	Expected Graduation Date	Type of Diploma or Degree	Major/ Minor Field of Study
Colleges or Universities						
Technical, Vocational, or Business						

If a license, certificate or other authorization is required/related to position for which you are applying, complete the following:

License/Certification (PE, R.N., Attorney, CPA, etc.)	Date Issued	Issued By (State or other Authority)	License Number	Location of Issuing Authority (city & state)

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SPECIAL TRAINING : List a qualifications. List course, date a	ny special training and institution (incl	program or courses you luding military training)	ou have attended which you feel may add to your	
COURSE TITLE	DATE	G	RANTING INSTITUTION	
believe further qualify you for the	ne position for which processing, typing	ch you are an applicant	cations (not listed above) you possess which you (include computer languages, types of computers ator, specialized equipment or machines, tools,	
	GENERAL INFORMATION			
DRIVER'S LICENSE:	State:	Number:	Expiration Date:	
TYPE OF DRIVER'S LICE	ENSE:	CDL	ENDORSEMENTS:	
If the position requires a commercial of	driver's license, please	complete additional informa	ation on the Commercial Driver's License Supplement.	
DISMISSALS AND/OR FORCE	CED RESIGNATION	ONS: Have your ever be	een fired or forced to resign from any position?	
If answer is Ves to either or both				
if answer is tes to either of both	of these questions,	, please explain below.		

but not limited to, age at time of offense(s) and recency of offense(s) as well as the relationship between the offense(s) and the job(s) for which you apply will be taken into account. HOWEVER, FAILURE TO ADMIT CONVICTIONS WILL RESULT IN DISQUALIFICATION OF YOUR APPLICATION FOR ONE YEAR.

If Yes, please provide the following:

Date:	Charge:	City/State:
Disposition:		
Date:	Charge:	City/State:
Disposition:		
(If you signature.)	u need additional space, please atta	ch a sheet listing information in the same format. Include your printed name an
Have you eve	r been employed in any capacit	y by the City of Muleshoe? _ If yes, please indicate:
Title of Positi	on:	Department:

Dates of Employment:

Are you related to any person employed by the City of Muleshoe? _ If yes, please indicate:

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Name:	Relationship):	
Department:	Position:		
	EMPLOYMENT HISTO	RY	
held (even those with the same emp	your employment history beginning with your bloyer), including military, part-time, summer, various should be included on page 4.	present or most recent employer volunteer work, and any periods of	List each position funemployment. An
		Start Date	End Date
Employer:			
Address/City/State:	Address/City/State:	Starting Salary	Final Salary
Phone: () -	Phone: () -	\$	\$
Supervisor:			
Reason for Leaving:			
Briefly describe the Nature ar	nd Duties of Your Position:		
		Start Date	End Date
Employer:			
Address/City/State:	Address/City/State:	Starting Salary	Final Salary
Phone: () -	Phone: () -	\$	\$
Supervisor:			
Reason for Leaving:			
Briefly describe the Nature ar	nd Duties of Your Position:		
		Start Date	End Date
Employer:			
Address/City/State:	Address/City/State:	Starting Salary	Final Salary
Phone: () -	Phone: () -	\$	\$
Supervisor:			

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Reason for Leaving:

Briefly describe the Nature and Duties of Your Position:

Explanation of any periods of unemployment between jobs:

GENERAL INFORMATION

I, the undersigned, certify that I have *read* and *fully understand* this form in its entirety and that the information provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or discharge from the City of Muleshoe service. In submitting this application, I authorize the City of Muleshoe to verify all data needed to support this application and to obtain references from my present and past employers. I further understand that this application becomes the property of the City of Muleshoe and will not be returned.

I also understand that I will have the right to terminate my employment with the City of Muleshoe at any time without notice and for any reason. I understand that the City of Muleshoe has the same right. If required for the position, I also understand that as a condition of employment I will be subject to one or more of the following: driving record check, criminal history investigation, medical examination and/or a pre-employment drug-alcohol screening test. An employment offer received from the City is contingent upon information received.

Signature of Applicant Date Signed

WE THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE CITY OF MULESHOE.

THE CITY OF MULESHOE IS AN EOUAL OPPORTUNITY EMPLOYER

APPLICATION RETURN PROCESS

Return your application to the following address:

City of Muleshoe 215 S 1st Street Muleshoe, Texas 79347

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CITY OF MULESHOE TERMS AND CONDITIONS

I certify that all of the information provided by me on this application is true, correct and complete. I understand that false or misleading statements, or the omission of any information necessary to make this application complete, may result in the rejection of my application for employment or, if hired, in my dismissal.

I understand that no employment is being offered to me by my completion of this application. I also understand that if I am hired, my employment with the City of Muleshoe will be "AT WILL." I understand that the phrase "AT WILL" means that the City of Muleshoe is allowed to change the conditions of my employment, up to and including my involuntary termination, at any time for any reason or for no reason, and that similarly, I may resign at any time for any reason or for no reason. I understand that this "AT WILL" relationship may not be changed, either verbally or by any written document, unless such change is specifically acknowledged in writing by the City Manager.

I also understand that nothing contained in this application or in the granting of an interview creates a contract between the City of Muleshoe and myself, either for employment or for the providing of benefits.

I further understand that should I be offered employment, my employment is subject to successful completion of any applicable physical and well and drug screening as permitted by the Americans with Disabilities Act and/or other applicable law.

If I am hired, I agree to abide by all policies and procedures of the City of Muleshoe.

If I am hired, I agree to return all property of the City of Muleshoe, including but not limited to, uniforms, tools, and equipment. In this connection, I authorize the City of Muleshoe to withhold from my wages a sum of money equal to the value of the property not returned.

I hereby authorize the City of Muleshoe to investigate all facts contained in my application for employment. I also authorize the release of any and all information by my present and past employers, wherever located, which may be required for a reference check. I further authorize all of my previous employers and current employer to give any and all information concerning my employment and any other pertinent information which said employers may have, personal or otherwise, and I release all parties form all liabilities for any damages which may result from the furnishing of said information.

I agree that a telephonic facsimile or photographic copy of these Terms and Conditions, including the release, shall be as valid as the original.

APPLICANT'S ACCEPTANCE:		
I,	, hereby accept these terms and conditions, on this the	day of
, 20	_∙	
(signature of applicant)		

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CITY OF MULESHOE AUTHORIZATION FOR BACKGROUND INFORMATION

I hereby authorize, without reservation, the City of Muleshoe to investigate, now and during my employment with the City, if applicable, my past employment, education and activities. I similarly authorize the City to request and receive any information concerning me, including but not limited to criminal history, consumer reports, credit reports, and public records, from any persons, entities, schools, companies, corporations, partnerships, associations, credit bureaus, consumer reporting agencies, state agencies, departments of labor, law enforcement agencies, licensing agencies, and from my previous employers.

A "consumer report" refers to any information bearing on an individual's credit worthiness, credit standing, credit capacity, character, general reputation or personal characteristics. For example, it includes (but is not limited to) a criminal records check.

I further release, discharge, and hold harmless the City of Muleshoe, Texas and all of its agents, any persons, law enforcement agencies, schools, or personal/business entities and their respective officers, directors, employees, representatives, and agents of any kind from any and all claims, liability, damages and responsibility of whatever kind or nature, arising out of or in connection with any act or omission in any such investigation or compliance with this authorization and request to release information, or any attempt to comply with it. This paragraph applies to any negligence, sole negligence, comparative negligence, concurrent negligence, error, or omission.

I have voluntarily signed this release to assist in the evaluation of my employment qualifications and, if employed, to assist in the determination of whether I have violated any City of Muleshoe policy or acted adversely to the interests of the City of Muleshoe. I understand and agree that this means that a background investigation may be conducted by the City of Muleshoe prior to being offered of position, after being offered a position, and during my employment.

I agree that if any investigation at any time reveals that I provided false information to or omitted information from the City of Muleshoe (including, but not limited to, my application, resume or interview), then the application process may be halted, any offer of employment may be withdrawn, or if employed, disciplinary action may occur, including termination of employment with the City of Muleshoe, without liability.

I understand that if the City of Muleshoe uses information from a consumer report for an adverse action – for example, denying employment to me, or if I am employed, termination my employment – the City of Muleshoe will take the following two steps.

Before the adverse action is taken, the City will provide a "pre-adverse action disclosure" that includes a copy of the consumer report and an explanation of the law.

After the adverse action is taken, the City will provide an "adverse action notice." This document will contain the name, address and telephone number of the consumer reporting agency background check company, a statement that the company did not make the adverse decision but that the City did, and a notice that I have the right to dispute the accuracy or completeness of nay of the information in the report.

I agree that a telephonic facsimile or photographic copy of this release shall be as valid as the original.

I,	, hereby authorize and accept these terms and conditions, on this
the day of	
(signature of applicant or employee)	

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