



City of Three Rivers Texas

Employment Application

Applicant Information (Please Print)

Full Name: _____ Date: _____

Last First M.I.

Address: _____

Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for COTR YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO CONTACT ME BEFORE

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO CONTACT ME BEFORE

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO CONTACT ME BEFORE

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Specialized Skills

Please list any related skills and equipment experience _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

I certify that answers given herein are true and complete to the best of my knowledge.

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 this organization.

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: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview YES NO Comments: _____

Remarks: _____

Interviewer: _____ Date: _____

Notes: _____

- Equal Opportunity/Affirmative Action Employer form
- Authorization to Release Employment Information form
- Pre-Employment Controlled Substance Test Acknowledgement form



AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

In processing your application for employment, or at any time during your employment period, the City of Three Rivers, Texas may obtain a "Consumer Report" and/or an "Investigative Consumer Report" for employment purposes, as authorized by the Fair Credit Reporting Act (FCRA). Federal law requires an employer to make a disclosure statement and to obtain written authorization from the applicant/employee prior to obtaining the report. If an "Investigative Consumer Report" is procured, it is available to you, upon written request, along with a summary of your rights, as defined under FCRA.

Name: _____ Social Security Number: _____

Disclosure Statement

With this document, the City of Three Rivers discloses to you that a Consumer Report, including an Investigative Consumer Report, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment period. Please sign below to signify receipt to the foregoing disclosure.

Authorization Statement

This shall authorize the procurement of a Consumer Report, including an investigative Consumer Report, by the City of Three Rivers as a part of the pre-employment background investigation, or for employment purposes, during my employment period. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the City of Three Rivers to procure consumer reports at any time during my employment period.

Investigative Report Disclosure Statement

By this document, the City of Three Rivers discloses to you that a Consumer Report, including an Investigative Consumer Report containing but not limited to, information concerning your prior employment, character, general reputation, education, military record, criminal record, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and/or for employment purposes at any time during your employment period. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to signify receipt to the foregoing disclosure and summary of your rights.

Signature of Applicant/Employee

Date

Signature of Human Resources Representative

Date



AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

I, _____, do hereby authorize the release of copies of information in my personnel file, including but not limited to any employment records, reports, applications, and/or documents of any kind whatsoever. Such information also includes salary, position held, length of employment, and level of fringe benefits relating to my employment at any time whatsoever.

The City of Three Rivers, Texas is authorized to receive copies of the above information concerning my employment with the _____.
(previous employer)

In executing this authorization, I expressly waive any privileged or confidential communication between me and The City of Three Rivers, Texas. Such waiver is solely and only for the purpose of authorizing the above person/organization to obtain this information. No other person or organization is authorized to receive this information by this release and waiver.

Signature of Applicant/Employee

Date

Important Note

Employee may withdraw this authorization by written request at any time. For your convenience, you may use the form provided below. If this authorization is not withdrawn, it will automatically expire two (2) months after the date indicated above.

I hereby withdraw the above authorization.

Signature of Applicant/Employee

Date



PRE-EMPLOYMENT CONTROLLED SUBSTANCE TEST ACKNOWLEDGE

As required by City Policy and, certain federal and state regulations, all applicants for covered positions must submit to a controlled substance test. Agreement to the above cited policies and regulations authorizes the City to collect a urine or other specimen as cited in the City Policy for the purpose of administering a pre-employment-controlled substance test at a time and location determined by the City and obtain the results from the testing laboratory.

*****Important Note*****

In the event my specimen tests positive for the presence of a controlled substance or substances, I will no longer be considered for employment with the City. Any further consideration for employment will be in accordance with the terms and conditions in the City Substance Abuse Policy.

The results of the test will be reported by the testing laboratory to the Medical Review Officer who will report the test results to the designated City Officer and Substance Abuse Program Administrator for the City for record keeping. These results will not be released to any additional parties without the written permission of the applicant named below.

I hereby agree to submit to a controlled substance test.

Applicant's Name: _____

Date: _____

Social Security Number: _____

Driver's License Number: _____

Applicant's Signature: _____