



**CITY OF COLORADO CITY**  
**EMPLOYMENT APPLICATION**

AN EQUAL OPPORTUNITY EMPLOYER  
 Job Line: (325) 728-5331; Phone: (325) 728-3464

*Instructions:* Please read the instructions before completing the application. All Applications for employment with the City of Colorado City must be made on this form and a separate application is required for each position. You may make copies of this application and enter different position titles, but each copy must have an original signature. A resume may be attached but you must complete all spaces on the application to be considered for employment. All information submitted is subject to verification. A false or misleading statement may result in your disqualification. If you are in need of accommodation to complete this application, please contact Human Resources at the address and phone number above. Return your application to the Human Resources Employment Information Office according to one of the options on Page 4 under Application Return Process. *Please clearly print or type all answers.*

POSITION TITLE: \_\_\_\_\_ DATE AVAILABLE FOR WORK : \_\_\_\_\_

**PERSONAL DATA**

NAME: \_\_\_\_\_  
                     *Last*                                    *First*                                    *Middle*                                    *Social Security Number*

CURRENT ADDRESS: \_\_\_\_\_  
                                     *Number & Street*                                    *City*                                    *State*                                    *Zip*

List any other names used if different from name given on application: \_\_\_\_\_

Phone: *Home:* \_\_\_\_\_ *Work:* \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Education & Training**

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 High School Diploma or G.E.D.  Yes  No

Type of School	Name/Location of School	Sem/Clock Hours Completed	Graduated		Expected Graduation Date	Type of Diploma or Degree	Major/Minor Field of Study
			Yes	No			
Colleges or Universities							
Technical Vocational or Business Schools							

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

License/Certification	Date Issued	Issued by State or Other Authority	License Number	Location of Issuing Authority (City & State)

**SPECIAL TRAINING:** List any special training program or courses you have attended which you feel may add to your qualifications. List course, date and institution (including military training).

**COURSE TITLE**

**DATE**

**GRANTING INSTITUTION**

**SPECIAL SKILLS/QUALIFICATIONS:** List special skills or qualifications (not listed above) you possess which you believe further qualify you for the position for which you are an applicant (include computer languages, types of computers and computer software, word-processing, typing speed, 10-key calculator, specialized equipment or machines, tools, vehicles, heavy equipment or memberships).

**GENERAL INFORMATION**

**DRIVER'S LICENSE:** State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type of Driver's License:

Class A  Class B  Class C  Class M  Class A Commercial  Class B Commercial  Class C Commercial

CDL Endorsement(s):

Tank Vehicle  Double/Triple Trailer  Hazardous Materials  Passenger

If the position requires a commercial driver's license, please complete additional information on the Commercial Driver's License Supplement.

**DISMISSALS AND/OR FORCED RESIGNATIONS:** Have you ever been fired or forced to resign from any position?

(Check One)  Yes  No If answer is Yes to either or both of these questions, please explain below.

Have you ever been convicted of a **MISDEMEANOR** or **FELONY** and/or placed on probation, fined or given a suspended sentence such as deferred adjudication in court? List all cases other than minor traffic violations. PLEASE NOTE: A full disclosure by you is to your advantage as your record does not constitute an automatic bar to employment. Factors such as, 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.** (Check One)  Yes  No If Yes, please provide the following:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Charge: \_\_\_\_\_ City/State: \_\_\_\_\_

Disposition: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Charge: \_\_\_\_\_ City/State: \_\_\_\_\_

Disposition: \_\_\_\_\_

(If you need additional space, please attach a sheet listing information in the same format. Include your printed name and signature.)

**Have you ever been employed in any capacity by the City of Colorado City?** (Check One)  Yes  No If yes, please indicate:

Title of Position: \_\_\_\_\_ Department: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

**Are you related to any person employed by the City of Colorado City?** (Check One)  Yes  No If yes, please indicate:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

## EMPLOYMENT HISTORY

In the space provided below, give your employment history beginning with your present or most recent employer. List each position held (even those with the same employer), including military, part-time, summer, volunteer work, and any periods of unemployment. An explanation of any period of unemployment should be included on page 4.

Employer:	Start Date	End Date
Address/City/State:		
Phone: (    )	Job Title:	Starting Salary
Supervisor:	Title:	Final Salary
Reason for Leaving:		

**Briefly Describe the Nature and Duties of Your Position**


Employer:	Start Date	End Date
Address/City/State:		
Phone: (    )	Job Title:	Starting Salary
Supervisor:	Title:	Final Salary
Reason for Leaving:		

**Briefly Describe the Nature and Duties of Your Position**


Employer:	Start Date	End Date
Address/City/State:		
Phone: (    )	Job Title:	Starting Salary
Supervisor:	Title:	Final Salary
Reason for Leaving:		

**Briefly Describe the Nature and Duties of Your Position**




# CONFIDENTIAL

## Employment Application Supplement Form

**TO THE APPLICANT:** The commitment of the City of Colorado City to a policy of equal employment opportunity requires that certain information be gathered and documented for statistical purposes. The following information is requested for Human Resource Office use only in order to assist us in complying with EEO reporting guidelines. Since this information will NOT be considered for employment purposes, this page will remain separate from your Employment Application and will not be available for review at any time during the applicant selection process. In addition, upon employment this information will not be used for any subsequent personnel decision.

### PLEASE COMPLETE THE FOLLOWING:

1. Name: \_\_\_\_\_ 2. SS# \_\_\_\_\_  
3. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
4. Position for which you are an applicant: \_\_\_\_\_  
5. Date of Birth: \_\_\_\_\_ 6. Sex:  Male  Female

### 7. Please indicate source from which you learned of this position. (Check One)

- Newspaper \_\_\_\_\_  Radio \_\_\_\_\_  Television \_\_\_\_\_  
Name of Newspaper Name of Station Name of Station
- Employment Agency  Referred by City Employee \_\_\_\_\_  
Name of Employee
- Career Fair \_\_\_\_\_  Saw Poster \_\_\_\_\_  \_\_\_\_\_  
Location Location Location
- City's Job Line  Publication \_\_\_\_\_  City's Web Site  Read City's Job Announcement  
Name of Publication
- Other Computer/Internet Location \_\_\_\_\_  City's Bulletin Board  
Name of Location
- College Recruiting Station \_\_\_\_\_  Military Recruiting Station \_\_\_\_\_  
College Location
- Other Recruiting Station \_\_\_\_\_  College Placement or Professor \_\_\_\_\_  
Location College

### PLEASE CHECK THE PROPER RESPONSE (\* Note Below)

8. Race:  Native American  African American  White  Hispanic  Asian American  Other  
9. Americans with Disabilities Act status:  Disabled  Non-Disabled

### MILITARY SERVICE STATUS (Please Check All that Apply)

10.  Veteran  Non-Veteran  Active Duty  Reserves/Guard  
11. Discharge Date: \_\_\_\_\_  
Month Day Year

### \*NOTE: For purposes of EEO statistical tabulation, the following categories are used:

- Native American** – Includes persons who identify themselves or are known as such by virtue of tribal association.  
**African American** – Includes persons of African descent as well as those identified as Jamaican, Trinidadian, and West Indian  
**White** – Includes persons of Indo-European descent, including Pakistani and East Indian persons  
**Hispanic** – Includes persons of Puerto Rican, Cuban, Central or South American or other Spanish cultures  
**Asian American** – Includes persons of Japanese, Chinese, Korean, or Filipino descent.  
**Other** – Includes Eskimos, Malaysians, Thais, and others not covered above.

Signature of Applicant \_\_\_\_\_

Date Signed \_\_\_\_\_



*CITY OF COLORADO CITY  
P O BOX 912  
COLORADO CITY, TEXAS 79512  
325-728-3464*

## **DISCLOSURE AND AUTHORIZATION FORM**

This disclosure is being provided to you pursuant to the Federal Fair Credit Reporting Act ("FCRA"), 15 U.S.C. 1681 and Federal Trade Commission Regulations contained in 16 C.F.R. Part 601, Appendix C.

By this document, the City of Colorado City discloses to you that a consumer report, which may include your criminal history, driving record and other background information, may be obtained for employment purposes as part of the pre-employment background investigation to evaluate your eligibility for hire and at any time during your employment.

I voluntarily and fully authorize the City of Colorado City to obtain a consumer report as part of the hiring process. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the City of Colorado City to obtain consumer reports at any time during my employment period.

Please sign below to signify that this information has been disclosed to you and that you provide authorization to the City of Colorado City.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed