APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. (PLEASE PRINT) Position Applied For: Date of Application How Did You Learn About Us? __ Relative Advertisement Inquiry Employment Agency Friend Other Last Name First Name Middle Name Address Number Street City State Zip Code Telephone Number Cell Phone **Social Security Number** Best time to contact you at home is If you are under 18 years of age, can you provide required proof of your eligibility to work?.....Yes No Have you ever filed an application with us before?.....Yes No Have you ever been employed with us before?.....Yes No Do any of your friends or relatives, other than spouse, work here?.....Yes No Are you currently employed?.....Yes No May we contact your present employer?.....Yes No Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Proof of citizenship or immigration status will be required upon employmentYes No Date available for work What is your desired salary range? Are you available to work: ____ Full-Time (please indicate 1 2 3 shift) ____ Part-Time (please indicate MORNING AFTERNOON EVENINGS) Temporary (please indicate dates available Are you currently on "lay-off" status and subject to recall?......Yes No Can you travel if a job requires it?...... Yes No

EDUCATION

	Name and Address Of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				
Describe any specialized	d training, apprenticeship, sk	ills and extra-curricular activities		
Describe any job-related	d training received in the Uni	ted State military		

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and voluntary activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

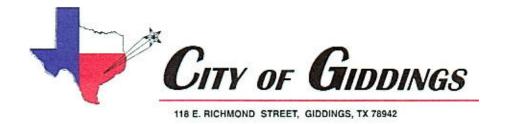
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			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving		_		
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	Job Title	Supervisor			
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	Job Title	Supervisor			
	Reason for Leaving		_		
	Reason for Leaving				
	List professional trade	husiness or civic activities and	d offices held	1	
	List professional, trade, business or civic activities				

Additional Information

	arize special job-rel		difications acquired from employment or other	experience.
PEC	IALIZED SKI	LLS (Check Skills)	'Equipment Operated)	
	Terminal	Spreadsheet	Production/Mobile Machinery	Other
	PC/MAC Typewriter	Word Processing Shorthand		
	WPM	WPM		
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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 the City of Giddings 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 an authorized executive of the City of Giddings specifically acknowledges such change in writing. 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 City of Giddings. Signature of Applicant Date FOR HUMAN RESOURCES DEPARTMENT USE ONLY Arrange Interview ___YES ___NO Remarks___ Interviewer Date Employed YES NO Start Date Job Title_____ Hourly Rate/Salary_____ Department___ Approved by _____ Name and Title Date



Authorization for Release of Information

I hereby authorize any investigator or duly accredited representative of the City of Giddings bearing this signed release to obtain any information from schools, residential management agents, employers, criminal justice agencies, individuals, or credit agencies relating to my activities.

This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, personal finance, disciplinary, and conviction records. I hereby authorize the release of said information upon the request of the City of Giddings. I understand that the information released is for official use of the City of Giddings and may be disclosed to any necessary third parties for the fulfillment of official responsibilities.

Written inquiries about criminal convictions will not automatically disqualify an applicant for a particular position.

The type and seriousness of the crime, the frequency of violations, the applicant's age at the time of conviction, the date of conviction, and the applicant's entire work and educational history will be considered.

I hereby release any individual, including record custodians, from any and all liability for damages of any nature that may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Applicant's Name (Print)	Date
Applicant's Signature	Social Security Number
Address	Phone
	Date of Birth