

City of Snyder
 PO Box 1341, Snyder, Texas 79550-1341
 325/573-9362 325/515-5102 fax

APPLICATION FOR EMPLOYMENT

Instructions: Please complete the application in full. Print or type **ALL** information. False information is cause for rejection or dismissal. Employment is subject to applicant's satisfying the City's requirements as to background, pre-employment testing, employment references, and post-offer pre-employment physical examination and drug screen. This application, along with any attachments becomes the property of The City of Snyder.

All applicants meeting The City of Snyder's minimum qualifications will be considered for employment without regard to race, religion, sex, national origin, age, the presence of a non-job-related medical condition or disability, veteran's status, or citizenship.

POSITION(S) APPLIED FOR	DATE OF APPLICATION
DATE YOU ARE AVAILABLE TO START WORK	DESIRED PAY
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> City Employee <input type="checkbox"/> Employment Agency; which one? <input type="checkbox"/> Relative <input type="checkbox"/> Other	

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Home Telephone Number			Work or Message Phone		
Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____					
Have you ever been employed with us before? Department _____ Reason for leaving _____ Dates of Employment: Starting _____ Ending _____					
Are you currently on "LAY-OFF" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Place an "X" next to any of the following that you are UNABLE OR UNWILLING TO WORK: TEMPORARY EVENINGS DEEP-NIGHTS WEEKENDS HOLIDAYS FULL-TIME PART-TIME ON-CALL OVERTIME					
Do you or your spouse have any friends or relatives that currently work for The City of Snyder? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE GIVE THEIR: NAME _____ DEPARTMENT _____ RELATIONSHIP _____					
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Employer: _____					
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, Can you provide required proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Education

High School

What is the last grade you completed? 6 7 8 9 10 11 12

Did you Graduate? Yes No Did you get a GED? Yes No

College

What is the last year you completed? 1 2 3 4

Did you Graduate? Yes No Degree _____

Business or Trade School

List any training you have had in business or trade school below:

Do you have any special skills that apply to this job? If so, please list them below:

Military

Have you ever served in the U.S. Armed Forces? Yes No

What type of discharge did you receive? _____

List job-related experience: _____

Are you presently a member of a Military Reserve Unit? Yes No

Other

Do you speak, read, or write any foreign languages? Yes No

If yes, please indicate which language: _____

Are you physically or otherwise able to perform the essential duties of the job for which you are applying with or without accommodation? Yes No

References

Please give the name, address, and telephone number of at least three (3) references that are not related to you and are not previous employers:

1. _____
2. _____
3. _____
4. _____

Instructions: List below present and past employment, beginning with your most recent employer. Complete **ALL** blanks. Please print or type. Describe all job duties performed which demonstrate your qualifications for the position for which you are applying. **BE ADVISED THAT A RESUME IS NOT A SUBSTITUTE FOR THE INFORMATION REQUESTED BELOW.** A resume can be attached as a supplement to the information given below. Failure to provide the information may result in disqualification from active consideration.

Employment Experience

Most Recent Employer: _____	Starting Date: _____	
Address: _____	Phone: _____	Ending Date: _____
CITY _____ STATE _____ ZIP _____		
Name of Immediate Supervisor: _____		
Your Position: _____		
Reason for Leaving: _____		
Describe all duties performed in this position, especially those that demonstrate your qualifications for the position for which you are currently applying. Please be specific: _____ _____ _____		

Next Previous Employer: _____	Starting Date: _____	
Address: _____	Phone: _____	Ending Date: _____
CITY _____ STATE _____ ZIP _____		
Name of Immediate Supervisor: _____		
Your Position: _____		
Reason for Leaving: _____		
Describe all duties performed in this position, especially those that demonstrate your qualifications for the position for which you are currently applying. Please be specific: _____ _____ _____		

Next Previous Employer: _____	Starting Date: _____	
Address: _____	Phone: _____	Ending Date: _____
CITY _____ STATE _____ ZIP _____		
Name of Immediate Supervisor: _____		
Your Position: _____		
Reason for Leaving: _____		
Describe all duties performed in this position, especially those that demonstrate your qualifications for the position for which you are currently applying. Please be specific: _____ _____ _____		

Next Previous Employer: _____	Starting Date: _____	
Address: _____	Phone: _____	Ending Date: _____
CITY	STATE	ZIP
Name of Immediate Supervisor: _____		
Your Position: _____		
Reason for Leaving: _____		
Describe all duties performed in this position, especially those that demonstrate your qualifications for the position for which you are currently applying. Please be specific: _____ _____ _____		

Next Previous Employer: _____	Starting Date: _____	
Address: _____	Phone: _____	Ending Date: _____
CITY	STATE	ZIP
Name of Immediate Supervisor: _____		
Your Position: _____		
Reason for Leaving: _____		
Describe all duties performed in this position, especially those that demonstrate your qualifications for the position for which you are currently applying. Please be specific: _____ _____ _____		

Next Previous Employer: _____	Starting Date: _____	
Address: _____	Phone: _____	Ending Date: _____
CITY	STATE	ZIP
Name of Immediate Supervisor: _____		
Your Position: _____		
Reason for Leaving: _____		
Describe all duties performed in this position, especially those that demonstrate your qualifications for the position for which you are currently applying. Please be specific: _____ _____ _____		

Explain in detail any time lapses in the above record due to unemployment or other reasons:

_____ _____ _____

Name _____

Do you have a current and valid Texas Driver's License? _____ Yes _____ No

Driver's License # _____ State of Issue _____ Expiration Date _____

License Type: Operator _____ Commercial _____

License Class: A _____ B _____ C _____ Other _____

1. Have you ever had your license suspended, revoked, placed on probation or denied insurance? _____ Yes _____ No

2. What is the number of traffic citations you have received in the last five years? _____

IMPORTANT – PLEASE READ

I understand that all information submitted and considered is subject to verification. I understand and hereby authorize and give permission for The City of Snyder to conduct verification and/or investigations including but not limited to criminal history, driving record, character, employment history, reputation, and any other job-related investigations that are necessary to determine my qualifications for employment. I authorize the schools, persons, previous employers and other organizations to provide The City of Snyder with any and all information about me. I hereby release any such schools, persons, previous employers and other organizations or individuals from any and all liability for damages of whatever kind which may result to me, including but not limited to, claims for negligence, which they might otherwise incur as a result of disclosing the information about me. This is a full liability release, which I am providing to both The City of Snyder and any and all previous employers, for any information that is needed or requested for consideration of employment either now, or in the future.

I understand that if I am offered employment with The City of Snyder, I will be required to take a post-offer physical examination and drug test. Any final offer of employment that I may receive will be considered upon the results of the post-offer physical exam. In addition, any positive results of the post-offer drug test will disqualify me from employment. I also understand that if I become employed with The City of Snyder, I will be required to comply with the company's drug testing program.

I understand that I am required to abide by all rules and regulations of The City of Snyder. The City of Snyder shall have the right to amend, modify, or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations now or hereafter in effect.

In consideration of my employment, I agree to conform to the rules and regulations of The City of Snyder and my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of The City of Snyder or myself. I understand that no employee or officer 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.

I certify that all statements and answers to all questions in this application are true, complete, and accurate, and are made in good faith.
I understand that falsification of any answers I have given will have serious consequences, including disqualification for employment and/or termination of employment without right of appeal.

My employment shall be in accordance with the terms of this application, company rules and regulations, and any amendments thereto. The City of Snyder shall have the right to amend, modify, or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations now or hereafter in effect.

I have read and understand all sections of the above notice and agree to them without exception. Failure to sign this application shall result in an incomplete and disqualified application.

DATE _____ SIGNATURE _____

FAILURE TO SIGN WILL RESULT IN AN INCOMPLETE APPLICATION.

Name: _____

Social Security Number: _____

Signature: _____

Date: _____

The following information is requested for **personnel use only**.**INSTRUCTIONS:** Answer **all** questions. Omitted questions will be grounds for disqualification of your application. Falsification of information is grounds for disqualification of your application or immediate termination of employment. All certification statements agreed to on the general City of Snyder application apply to information given here.**WITHIN THE LAST FIVE (5) YEARS, HAVE YOU EVER BEEN DISCHARGED OR DISCIPLINED BY AN EMPLOYER FOR:**

TARDINESS	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER_____
JOB ABANDONMENT	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER_____
OTHER ATTENDANCE RELATED PROBLEMS	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER_____
FIGHTING	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER_____
ASSAULT	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER_____
INSUBORDINATION	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER_____
VIOLATION OF SAFETY RULES	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER_____

EXPLAIN ANY "YES" RESPONSES GIVEN ABOVE: _____

HAVE YOU EVER BEEN DISCIPLINED OR DISCHARGED BY AN EMPLOYER

FOR: THEFT Á Á	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER_____
BEING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER_____
POSSESSION OF ALCOHOL OR DRUGS AT WORK	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER_____
SALE OF ALCOHOL OR DRUGS AT WORK	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER_____
UNAUTHORIZED REMOVAL OF EMPLOYER'S PROPERTY	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER_____
FALSIFYING EMPLOYMENT, EDUCATION, AND/OR APPLICATION INFORMATION, SEXUAL HARASSMENT OR SEXUAL MISCONDUCT	YES	NO	DISCHARGED	DISCIPLINED	EMPLOYER_____

HAVE YOU EVER BEEN DISCHARGED (FIRED) FROM A JOB? YES NO EMPLOYER_____

HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY EXCLUDING MINOR TRAFFIC OFFENSES? YES NO

HAVE YOU EVER BEEN PLACED ON DEFERRED ADJUDICATION, DEFERRED PROBATION, OR DEFERRED PROSECUTION? YES NO

ARE YOU CURRENTLY ON PROBATION OR COMMUNITY SUPERVISION? YES NO

HAVE YOU EVER TESTED POSITIVE FOR A CONTROLLED SUBSTANCE IN THE LAST TWO YEARS? YES NO

HAVE YOU EVER REFUSED A REQUIRED TEST FOR DRUGS OR ALCOHOL IN THE LAST TWO YEARS? YES NO

EXPLAIN ANY "YES" RESPONSES GIVEN ABOVE AND GIVE DATES OF SAME. CONVICTION INFORMATION SHOULD INCLUDE STATE, COUNTY AND DATE OF OCCURRENCE: _____



DISCLOSURE AND AUTHORIZATION – EMPLOYMENT OR VOLUNTEER

In connection with my application for employment (including contract or volunteer services) with the City of Snyder, consumer reports will be requested. These reports may include the following types of information as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, drug screen, DOT history, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, credit, judgments, bankruptcy proceedings, eviction's, criminal records, etc., from federal, state and other agencies that maintain such records.

In addition, investigative consumer reports gathered from personal interviews with former employers or landlords, past or current neighbors and associates of mine, etc. to gather information regarding my work or tenant performance, character, general reputation and personal characteristics and mode of living (lifestyle) may be obtained.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO OBTAIN AND FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency: First Check Applicant Screening, P.O. Box 92033, Southlake, TX 76092, telephone number (888) 588-2525, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request. I hereby consent to your obtaining the above information from the agency.

I HEREBY AUTHORIZE PROCUREMENT OF CONSUMER REPORT(S) AND INVESTIGATIVE CONSUMER REPORT(S). If hired, contracted or accepted for "employment", this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract/volunteer) period.

California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

Signature

Date

The following information is being requested in order to conduct a background check on you:

Full Name: _____

Other names you have used: _____

Mailing Address 1: _____

Mailing Address 2: _____

Email Address (if you wish to be contacted this way): _____

Social Security No.: _____; Date of Birth: _____

Drivers License No.: _____; State of Issue: _____

May we contact your current employer? _____ Yes _____ No _____ N/A

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	<p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357