



City of Clyde, Texas Employment Application

An Equal Opportunity – Affirmative Action Employer

Clyde City Hall
P.O. Box 1155
222 Oak Street
Clyde, TX 79510
(325)893-4234
(325)893-5010 (F)

Instructions: Please read the instructions before completing the application. All applications for employment with the City of Clyde must be made on this form. Your entire application should be completed. Incomplete applications cannot be considered. All information submitted is subject to verification. A false or misleading statement may result in your disqualification. Mail or bring your completed application the City Secretary's office at the address listed above. Your application will be maintained on active file for twelve (12) months. *Please clearly print or type all answers.*

Position Desired:

Date Available to
Report for Work:

Other Positions for Which You Wish to be Considered:

Driver's License Number and State:

Available for:

() Full Time

() Part Time

() Temporary Employment

Personal Data

Last Name:	First Name:	Middle Name or Initial:	Other:
Physical Address Number & Street:	City:	State:	Zip Code:
Mailing Address (If Different):	City:	State:	Zip Code:
Home Phone ()	Work Phone: ()	Cell Phone: ()	E-Mail Address:

Education and Training

High School Graduate:

Yes _____ Location _____ Month/Year _____

No _____ Highest Grade Completed _____

Colleges Attended	Major Area of Study & Dates Attended	Degree/Diploma Check One	
		Yes	No
Other Schools (Trade, Business, Secretarial, etc.)	Major Area of Study & Dates Attended	Degree/Diploma	

Special Training: List any special training programs or courses you have attended which you feel may add to your qualifications. List Course, Institution, and Date (including military training).

Course Title	Granting Institution	Date

Special Certifications and Skills: List certifications and special skills (not listed above) you possess which you believe qualify you for the position for which you are an applicant. (Include active technical/professional licenses, numbers, certifications, memberships, etc.)

License/Certification/Skill	Granting Organization	Date

General Information

Dismissals and/or Forced Resignations: Have you ever been fired or forced to resign from any position? (Check one) If the answer to either or both of these questions is yes, please explain.

Yes No

Conviction Record: Have you ever been convicted of, or pled guilty or no contest to, an offense (other than a minor traffic offense) in an adult court? (Check one) (If the answer is Yes, give complete details on Employment Application Supplement Form No. 2. A conviction will not automatically exclude you from employment.)

Yes No

Have you ever been employed in any capacity by the City of Clyde? (Check one)

Yes No

If the answer is Yes, please indicate:

Position Title _____ Employment Dates _____

Do you have a relative who is currently employed by the City of Clyde? (Check one)

Yes No

If the answer is Yes, please indicate:

Employee Name: _____ Relationship: _____

City Department: _____ Position: _____

Please indicate the source from which you learned of this position. (Check one)

_____ Newspaper _____ Employment Agency _____ City Job Announcement
 _____ Referred by City Employee _____ Dropped by City Hall

Employment Information

In the space provided below, give your employment history, beginning with your present or most recent employer. List all positions held, including military, part-time, summer, volunteer work, and any periods of unemployment. An explanation of any periods of unemployment should be included on the following page.

#1. Job Title: _____

Briefly describe the nature and duties of your position:

Employer: _____

Address: _____

Phone Number: _____ Job Title: _____

Reason for Leaving: _____

Employed from _____ To _____
Mo/Yr Mo/Yr

Salary: _____
Beginning Final

Supervisor: _____

May we contact? ____ Yes ____ No

#2. Job Title: _____

Briefly describe the nature and duties of your position:

Employer: _____

Address: _____

Phone Number: _____ Job Title: _____

Reason for Leaving: _____

Employed from _____ To _____
Mo/Yr Mo/Yr

Salary: _____
Beginning Final

Supervisor: _____

May we contact? ____ Yes ____ No

#3. Job Title: _____

Briefly describe the nature and duties of your position:

Employer: _____

Address: _____

Phone Number: _____ Job Title: _____

Reason for Leaving: _____

Employed from _____ To _____
Mo/Yr Mo/Yr

Salary: _____
Beginning Final

Supervisor: _____

May we contact? ____ Yes ____ No

#4. Job Title: _____

Briefly describe the nature and duties of your position:

Employer: _____

Address: _____

Phone Number: _____ Job Title: _____

Reason for Leaving: _____

Employed from _____ To _____
Mo/Yr Mo/Yr

Salary: _____
Beginning Final

Supervisor: _____

May we contact? ____ Yes ____ No

#5. Job Title: _____

Briefly describe the nature and duties of your position:

Employer: _____

Address: _____

Phone Number: _____ Job Title: _____

Reason for Leaving: _____

Employed from _____ To _____
Mo/Yr Mo/Yr

Salary: _____
Beginning Final

Supervisor: _____

May we contact? ____ Yes ____ No

Explain any periods of unemployment between jobs:

References

List three (3) persons who are not related to you by blood or marriage who have not been listed as a previous employer who can serve as a personal reference.

Full Name	Address	Occupation	Phone Number
			Work: Home:
			Work: Home:
			Work: Home:

Authorization

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is cause for refusal to hire or dismissal, if I have been hired, no matter when discovered by the City.

I understand that any employment is conditional upon a background check. I authorize the City to thoroughly investigate all statements contained in my application or resume; and I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to the City, without giving me prior notice of such disclosure. In addition, I release the City, any former employees, and all references listed above from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application or conveyed during my interview is intended to create an employment contract. I further understand and agree that, if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time with or without cause and without prior notice, at the option of either myself or the City. No promises regarding employment have been made to me; and I understand that no such promise or guarantee is binding upon the City unless made in writing.

If I am offered employment, I agree to the following. If employed in a position of manual labor, I agree to submit to a medical examination, drug test, and worksite wellness evaluation before starting work. If employed in a safety-sensitive or security position, I also agree to submit to random drug tests. I consent to such examinations and tests, and I request that the examining personnel disclose to the City the results of the examination, which results shall remain confidential and segregated in my personnel file. I understand that my employment, to the extent permitted by law, is contingent upon satisfactory medical examinations, drug tests, and worksite wellness evaluations, and if I am hired a condition of my employment will be that I abide by the City's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the City to hire. If hired, I agree to abide by all City work rules, policies, and procedures. The City retains the right to revise its policies and procedures, in whole or in part, at any time.

Signature of Applicant

Date Signed

**We thank you for your interest in employment with the City of Clyde
An Equal Opportunity Employer**

CONFIDENTIAL**Employment Application Supplement Form No. 1 - OPTIONAL**

The commitment of the City of Clyde to a policy of equal employment opportunity (EEO) requires that certain information be gathered and documented for statistical purposes. The following information is requested for City Hall office use only in order to assist us in complying with EEO reporting guidelines. This form is optional. Since this information will NOT be considered for employment purposes, if completed 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:

Name	Date
Address	City, State, Zip Code
Position for which you are an applicant:	
Driver's License Number	Date of Birth

Please check the appropriate response: (See Note Below)

Ethnicity:		
White _____	African American _____	American Ind./Alaskan _____
Hispanic _____	Asian/Pacific Islander _____	Other _____
Gender:		
Male _____	Female _____	
Military service status:		
Veteran _____	Non-veteran _____	
Active Duty _____	Reserves/Guard _____	
Discharge Date: _____		
Month	Day	Year

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

WHITE (Not of Hispanic Origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

HISPANIC – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

AFRICAN AMERICAN (Not of Hispanic Origin) – All persons having origins in any of the Black racial groups of Africa.

ASIAN OR PACIFIC ISLANDER – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

AMERICAN INDIAN OR ALASKAN NATIVE – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

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