The City of Princeton

123 W. Princeton Drive or P. O. Box 970
Princeton, Texas 75407
972/736-2416
Fax: 972/734-2548

Application for Employment

INSTRUCTIONS: Resumes may be attached but will not be accepted in lieu of an application. It is essential that all information is complete and legible to be entered into our computer system. Applications will remain in the system or on file for six (6) months. The City of Princeton is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, disability, or any other characteristic protected by law.

The City acknowledges its responsibility to comply with the Americans with Disabilities Act (ADA). If you need an accommodation in order to complete this Application or to participate in any other way in the City's recruitment and hiring process, please make your request to the City's Human Resources Department at (972) 736-2416 as far in advance as possible.

Title of job for which you are applying: _____
☐ Full Time ☐ Part Time ☐ Seasonal ☐ Either

Date of application: _____

Job position applying for:
☐ Clerical ☐ Maintenance ☐ Public Safety ☐ Professional ☐ Other

Name: _____
(Last) (First) (Middle) (Suffix)

Address: _____
(Street) (City) (State) (Zip Code)

Phone: (Home)_____ (cell) _____ *(Work)_____

* May we contact you at work? ☐ Yes ☐ No

Driver's License: (Number)_____ (State)_____ (Type)_____ (Expiration)_____

Are you legally authorized to accept employment in this country? ☐ Yes ☐ No
(Proof of citizenship or immigration status will be required upon employment)

Are you at least eighteen (18) years of age? ☐ Yes ☐ No

Social Security No. _____

What date are you available to begin work? _____

What is your desired salary or rate of pay? _____

Are you available to work Full Time _____ Part Time _____ Temporary_____
Weekends _____ Evenings/Nights _____ Other _____

If the position you are applying for requires lifting, bending, stooping, climbing, reaching, pulling, pushing and any other physical effort to perform the assigned tasks, are you able to perform these physical tasks with or without a reasonable accommodation? _____

Education:

High School / GED: _____
(Name) (City) (State) (Date Graduated) (Degree Held) (Years Completed) (For Verification Purposes)

College: _____
(Name) (City) (State) (Date Graduated) (Degree Held) (Years Completed) (For Verification Purposes)

Other: _____
(Name) (City) (State) (Date Graduated) (Degree Held) (For Verification Purposes)

Post-Graduate Studies: _____
(Name) (City) (State) (Date Graduated) (Degree Held) (For Verification Purposes)

To the extent relevant to the position for which you are applying, please complete the following:

Licenses Held: _____ Certificates Held: _____
_____ _____
_____ _____
* (Show Expirations where applicable) * (Show Expirations where applicable)

All Other Certifications:
_____

Have you ever had a license or certification revoked, suspended or cancelled? _____

If yes, please explain

_____

List your complete full-time, part-time and temporary employment history, including all self-employment and military service assignments. **Start with your present or most recent job** and **continue on additional pieces of paper if necessary**.

Job History

Present Job

_____

Current Employer Type of Business

_____

Address City State Zip Code

_____

Dates Employed Salary Supervisor Name Phone Number

From: To: From: To:

_____

Job Title

May we contact your present employer regarding your character, qualifications, and record of employment? ☐ Yes ☐ No

Description of Duties _____

_____

Prior Position

_____

Former Type of Business

_____

Address City State Zip Code

_____

Dates Employed Salary Supervisor Name Phone Number

From: To: From: To:

Job Title Reason For Leaving

Description of Duties

Prior Position

Former Type of Business

Address City State Zip Code

Dates Employed Salary Supervisor Name Phone Number
From: To: From: To:

Job Title Reason For Leaving

Description of Duties

Prior Position

Former Type of Business

Address City State Zip Code

Dates Employed Salary Supervisor Name Phone Number
From: To: From: To:

Job Title Reason For Leaving

Description of Duties

Prior Position

Former | Type of Business

Address | City | State | Zip Code

Dates Employed From: To: | Salary From: To: | Supervisor Name | Phone Number

Job Title | Reason For Leaving

Description of Duties

Have you ever been fired, asked to resign or resigned in lieu of termination from any job? ☐ Yes ☐ No

Are you currently or have you ever been a party to any misdemeanor or felony criminal matter, other than minor traffic safety violations for which no arrest was made, in which you were charged, convicted, served probation, participated in deferred adjudication or other program to avoid a conviction, or made restitution or participated in pre-trial diversion or other program to avoid prosecution? (Note: Answering "yes" will not automatically bar you from employment) _____ If "yes," describe in full. _____

Have you applied for a job or worked for the City of Princeton before? ☐ Yes ☐ No
If you checked "Yes", what dates? _____

Do you or does your spouse have any friends, family members, relatives or acquaintances presently working for or holding office in the City of Princeton? ☐ Yes ☐ No

*City policy prohibits or limits hiring relatives of City employees or officials in certain circumstances.

If you checked "Yes", list name(s) _____

How were you referred to the city? _____

Do you use tobacco products? ☐ Yes ☐ No

ADDITIONAL INFORMATION

Indicate languages other than English that you speak, read, or write, and indicate fluency in each.

_____

Describe any specialized training, skills and extra curricular activities relevant to the position for which you are applying. _____

Have you ever been bonded? _____ If "yes," with what employer? _____

Provide any additional information you feel may be helpful to the City in considering your suitability for employment.

_____

MILITARY

Have you ever served or do you currently serve in the U.S. Armed Forces, whether on active duty or in the reserves? _____ If yes, please describe. _____

Describe any military training and experience relevant to the position for which you are applying.

_____

_____

_____

Did you receive anything other than an honorable discharge? ____If yes, please explain_____

_____

REFERENCES

Provide the name, address; relationship and telephone number of three references who are not related to you and who are not previous employers.

1._____

2._____

3._____

PROFESSIONAL AND OTHER ACTIVITIES

List professional, trade, business and civic memberships and activities relevant to the position for which you are applying. Exclude those that disclose your race, color, religion, national origin, age, disability, or any other characteristic protected by law.

_____

_____

_____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences, which are relevant to the position you are applying for. _____

_____

_____

DRIVER'S LICENSE INFORMATION

If the job you are applying requires that you drive your own or a City vehicle, please complete the following:

Do you have a valid Texas Driver's License? _____ If "yes," Driver's License Type and Number_____

Has your Driver's License ever been revoked, suspended or canceled? _____

If "yes," please explain. _____

Have you been issued a citation for a moving violation in the past three years? _____

If yes, please describe in detail, including dates. _____

Do you have the minimum amounts of liability insurance required by Texas law? _____

Who is your insurance provider? _____

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information contained in this Application (as well as in my resume or any other information about myself that I provide the City) is true and correct and that I have not omitted any information. I understand that false or misleading information given in my application, resume or interview(s) may disqualify me from further consideration, or if hired, may result in my dismissal from employment. I agree to abide by the City's policies and procedures, and understand that my employment and compensation may be terminated, with or without cause, and with or without notice, at any time, at the option of either the City or myself. I further understand that no City representative, other than the Mayor upon the authorization of the City Council, has the authority to enter into any agreement for employment for any specified period of time, and that any such agreement must be in writing and signed by both the Mayor and me.

I acknowledge that consideration for employment is contingent on the results of a reference and background check. Therefore, I hereby authorize the City to (1) investigate the truthfulness and completeness of all statements made on this application; (2) contact my schools, former and current employers (except those employers which I have specifically stated on this Application may not be contacted) and other listed references or any other persons who can verify information including local, state, and federal law enforcement personnel; and (3) discuss the results of any investigation with other City employees involved in the hiring process. In addition, I give my consent for all contacted persons including former and current employers to provide information concerning this application, and I release the City and each such person from liability that may result from the release and/or use of such information.

I also agree to provide the City with any other authorization or release it needs to complete its background investigation and to determine my suitability for employment, or continued employment, as the case may be.

_____ _____

Applicant's Printed Name and Signature Date

Authorization to Release Information

I hereby request and authorize you to furnish the City of Princeton with any and all information they may request concerning my work record and personnel files, education history, military record, financial status, criminal record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment, or ongoing employment, as the case may be.

I hereby release you and your organization from any liability, which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualification to serve as a city employee.

_____ _____

Applicant's Signature Date

Sworn to and subscribed before me on the _____ day of _____, _____.

_____

Notary Public for the State of Texas