

CITY OF LAKE WORTH, TEXAS
EMPLOYMENT APPLICATION
An Equal Opportunity Employer



APPLICATION # _____

It is the policy of the City of Lake Worth not to discriminate in its hiring or employment practices on the basis of race, sex, age, religion, national origin, or disability.

Instructions: It is important that you answer all questions on this application fully and accurately. Failure to do so may delay consideration and could mean loss of employment opportunities. If an item does not apply to you, or if there is no information to be given, please write in the letters "N/A" where applicable. **Please print in ink or type.**

The Immigration Reform and Control Act of 1986 requires that only American Citizens and aliens authorized to work in this country be employed. If hired, you will be required to show proof of citizenship or right to work in this country.

Position Applying For: _____

PERSONAL INFORMATION:

Name: Last	First	Middle	Social Security Number
Street Address		City	State
		Zip	Home Telephone
Are you willing to Work:			Work Telephone
<input type="checkbox"/> Full Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Week Ends	Emergency Telephone
<input type="checkbox"/> Part Time	<input type="checkbox"/> Rotating Shifts	<input type="checkbox"/> Other _____	

Have you ever been employed by the City of Lake Worth? Yes No If yes, show position held, department and period of employment: _____

Are you related to any employee of the City of Lake Worth, City Council, or any other Board or Commission member?
 Yes No. List person and relationship: _____

EDUCATION AND TRAINING

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+

Name of High School:	City and State:	Did you Graduate:
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of College:	City and State:	Date of Graduation:

Note Degrees and Types:	Total College Hours:

Other Training Received: _____

MILITARY

Have you ever served in the U. S. Armed Forces? Yes No. If yes, specify branch: _____
 Dates of Active Duty: From _____ To _____ Rank at Discharge _____
 Type of Discharge: _____

CITIZENSHIP

Are you a U. S. Citizen? Yes No If No, do you have the legal right to work in the United States? Yes No
 If not a U.S. Citizen, proof of the right to work in the United States must accompany this application.

DRIVING AND CONVICTION RECORD

Drivers License Number: _____ State: Type: _____

Expiration Date: _____

Have you been convicted of any moving violations within the past 3 years? Yes No.

If yes, complete the following:

Charge	Date	Location

Have you ever been convicted of a crime? Yes No. (Conviction will not automatically exclude you from employment.) If yes, complete the following:

Charge	Date	Location

KNOWLEDGE AND SKILLS

List your computer skills and software application experience:

List machines or equipment you have operated.

Special licenses or registrations:

List any additional technical skills or professional knowledge that would support your application:

REFERENCES

List at least 3 people who are not related to you and who would have knowledge of your qualifications for this position, such as former co-workers, teachers, etc.

Name	Address	Telephone Number	Business or Occupation

ADDITIONAL INFORMATION

In the space below, provide any additional information that you feel may be helpful in the City's consideration of your employment.

IMPORTANT – CONDITIONS OF EMPLOYMENT – PLEASE READ CAREFULLY BEFORE SIGNING

I certify that my answers to the above questions are true and recognize that any future employment is subject to termination should any of the above statements be found to be false or inaccurate, regardless of the time that elapses before such false information is discovered. I hereby agree to submit to medical examinations, including drug screens, both as a post-employment offer condition of hiring, and as a condition of continued employment, and to furnish proof of age, and right to work in the United States.

I understand that an investigative report may be made and hereby authorize all persons, schools, companies, and consumer reporting agencies and other organizations to supply any accurate information concerning my background. I further understand that I have a right to disclosure of such information reported, as provided for by law. I understand and accept the conditions of this statement.

I understand and agree that employment with the City of Lake Worth is for no definite period of time and that wages, benefits and conditions of employment can be changed at any time.

I also understand the City of Lake Worth is an at-will employer.

Signature of Applicant

Date

Inter Office Use Only

References Checked: Yes No Checked by: _____

Notes: _____

Driver's License Checked: Yes No Results: _____

Interview Requested: Yes No Date: _____ Interviewed by: _____

Notes: _____

Interviewers Signature Date

Department Heads Signature Date