

Special Training & Skills

Please list additional training or skills or other information you feel may be helpful to us in considering your application.

Employment History

List the last three jobs you have held, beginning with the most recent.

Employer:		
Contact:		
Address:		
Phone:		
Job Title:		
Supervisor:		
Dates Employed:	from (mm/yy)	to (mm/yy)
May we contact?	Yes	No
Employment was?	Full Time	Part-time
List of job duties:		
Reason for leaving:		

Employer		
Address		
Phone		
Job Title		
Supervisor		
Dates Employed	from (mm/yy)	to (mm/yy)
May we contact?	Yes	No
Employment was?	Full Time	Part-time
List of job duties		
Reason for leaving		

Employer:
Address:
Phone:
Job Title:
Supervisor:
Dates Employed from (mm/yy) to (mm/yy)
May we contact? Yes No
Employment was? Full Time Part-time
List of job duties:
Reason for leaving:

Past Incidents

Have you pleaded guilty, no contest to, or have been convicted of 1) a felony, or 2) a lesser crime which involved theft, dishonesty or violence in the past seven (7) years?

If yes, describe the nature of the offense(s) and the county and state where convicted.

Have you had your driver’s license suspended or revoked within the past five (5) years?

If yes, list the state which suspended or revoke the license and the reason(s) for each suspension or revocation.

Have you been disciplined or fired by a previous employer in the past five (5) years?

If yes, why?

PERSONAL REFERENCES (Not Former Employers or Relatives)

NAME	ADDRESS	CITY/STATE	TELEPHONE

Please read carefully and sign below.

AUTHORIZATION

I hereby authorize the City of Ellis to investigate all statements made in this application, review my driving and criminal records, and to contact my previous employers. I understand that any false statements made herein may eliminate my application from employment consideration, or if discovered after hire, may result in my discharge from employment.

If hired, I will conform to the policies, rules and regulations of the City of Ellis, including, the residency requirements, for full time employees who must live within the 388 school district.

For certain positions I agree to submit to a complete physical examination including drug testing if requested by the City. I also agree to sign the "*Authorization to Release Information*" form if so requested by the city.

And

ACKNOWLEDGEMENT OF AT WILL EMPLOYMENT

I acknowledge that both my employment and my compensation can be terminated and/or changed at will, without prior notice at the sole option of the City of Ellis. I understand that no representative of the City of Ellis has any authority to enter into any agreement hiring me for a specified period of time or to make any agreement contrary to this acknowledgment.

Applicant's Signature

Date

FOR OFFICE USE ONLY:

Interview	Date	Comments	
Testing			
Tests	Date	Score/Rating	Comments
Reference Checks			
Employer 1:			
Employer 2:			
Employer 3:			
Employer 4:			

Applicant number: _____ Employee Number: _____ Hire Date: _____

Position: _____ Starting Hourly Wage: _____

Notes: _____