

# Application for Employment

## City of Valley Mills

**Submit to:**  
 City of Valley Mills  
 401 5<sup>th</sup> Street  
 Valley Mills, Texas 76689  
 Phone: 254-932-6146  
 Fax: 254-932-5608

**EQUAL OPPORTUNITY EMPLOYER:** The City Of Valley Mills does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, or veteran status.

### General Information

Position applied for	Date of application
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Name	Last	First	Middle
Address (Street/Route/P.O. Box)		City	State
			Zip Code
Telephone		Email Address	Social Security Number
(    )			

<p>Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>State _____ Lic. # _____</p> <p>Exp. Date _____ Type _____</p> <p>Can you show proof of eligibility to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you been employed under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list: _____</p>	<p>Are you related by kinship or marriage to any City of Valley Mills employee or City Council member?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please give name &amp; relationship:          _____</p> <p>Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No          (For consideration on certain positions)</p> <p>If yes, explain: _____</p> <p>Date available for work: _____</p> <p>Available for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time  <input type="checkbox"/> Temporary <input type="checkbox"/> Shift</p>
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### Education & Training

Circle the highest grade completed    1   2   3   4   5   6   7   8   9   10   11   12

Did you graduate/achieve GED?  Yes  No

Higher Education Institution*	Location	Major	Type of degree or certificate earned

\*Please include undergraduate colleges or universities, graduate schools and technical, vocational or business schools.

## Special Skills/Qualifications

Add any additional special job-related skills or qualification you may have received from your experiences (e.g., foreign language proficiency, office or special equipment you can use and types of computer software and hardware:

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If a license, certificate or other authorization is required or related to the position for which you are applying, complete the following:

License/Certificate (i.e. PE, RN, CPA, etc)	Date Issued	Issued by (State or other Authority)	License Number	Location of issuing Authority (City/State)

## Employment Record

Instructions: Beginning with your most recent job, list below jobs which you have held and specifically describe duties performed. Include any job-related military service assignments or volunteer work. **YOU MAY ATTACH A RESUME IF YOU WISH, BUT YOU MUST FILL OUT THIS SECTION FULLY.** If you need additional space, please continue on a separate sheet of paper.

LIST NAME, ADDRESS & PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Last salary (Hr., Mo., or Yr.): \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Last salary (Hr., Mo., or Yr.): \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job Title: _____	From: _____	To: _____
Immediate Supervisor: _____	Last salary (Hr., Mo., or Yr.): _____	
Employer Name: _____	Phone: _____	
Address: _____		
Duties: _____		
Reason for leaving: _____		

  

Job Title: _____	From: _____	To: _____
Immediate Supervisor: _____	Last salary (Hr., Mo., or Yr.): _____	
Employer Name: _____	Phone: _____	
Address: _____		
Duties: _____		
Reason for leaving: _____		

**References** – (Give name, address, telephone number and e-mail address of three persons excluding relatives and previous supervisors)

Name	Address	Telephone	E-mail

**Applicant's Statement (Please read and sign below)**

I certify that all answers given in this application are true and complete. I also understand that any offer of employment may be conditional upon the satisfactory results of a medical evaluation, drug screening and driver's license check. I authorize investigation of all statements contained in this application for employment, as may be necessary in arriving at an employment decision and do not hold the City or any other individual involved in this investigation liable for information obtained in this process. I also understand that false or misleading information given in my interview or this application may result in elimination from consideration for employment or discharge at any time. I further understand that, if employed, I will abide by all policies, rules and procedures of the City of Valley Mills. I understand the City of Valley Mills follows an "employment at will" meaning the City of Valley Mills may terminate my employment at any time, for any reason consistent with applicable state or federal law. This "employment at will" policy cannot be changed verbally or in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_