



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

APPLICATION FOR EMPLOYMENT ATTACHMENT #1 – DISCLOSURE TO CONSUMER

CITY OF ELDORADO

Name of Company

As part of our employment process, we may obtain where permitted, one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as:

iiX, a Verisk Analytics Business
1716 Briarcrest Drive
Suite 200
Bryan, Texas 77802

- Consumer reports may include background, employment history academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any.
- An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history.
- If your employment falls under the federal Department of Transportation (“DOT”) and the Federal Motor Carrier Safety Administration (“FMCSA”), including 49 CFR § 391.23, the report could include your driving, safety inspection and performance history from the FMCSA.

Under the provisions of the Fair Credit Reporting Act (“FCRA”), 15 U. S. C. § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled “Rights Under the Fair Credit Reporting Act”. Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

APPLICATION FOR EMPLOYMENT
ATTACHMENT #1A – AUTHORIZATION TO OBTAIN INFORMATION

CITY OF ELDORADO

Name of Company

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act (“FCRA”), 15 U. S. C. § 1681 et seq., the regulations applicable to the federal Department of Transportation’s Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers’ compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an “investigative consumer report” may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

DOT Drivers. I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iiX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant’s/Employee’s Full Name (Print Clearly)

Applicant’s/Employee’s Signature

Date of Signature

**APPLICATION FOR EMPLOYMENT
ATTACHMENT #1B**

(For retirement, insurance, and driving record check)

NAME SHOWN ON DRIVER'S LICENSE: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

LICENSE TYPE: _____ DATE OF BIRTH: _____

DRUG/ALCOHOL FREE WORKPLACE ACKNOWLEDGMENT

Attachment #2 to Application for Employment Exhibit 3A to Drug/Alcohol Policy

I, the undersigned applicant or employee of the City of Eldorado, Texas, have received notice of the City's statement that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance, including alcohol, are prohibited within the workplace.

In addition, I understand and consent to the requirement that all applicants and employees of the City of Eldorado are required to submit to any or all of the following:

- * periodic drug screen testing
- * alcohol testing
- * searches as outlined in Section 2 (Contraband Policy).

Continued employment with the City of Eldorado is dependent on the results of such testing and searches.

It is also understood that I am required to notify my employer of any criminal drug convictions for a violation occurring in the workplace no later than five (5) days after such conviction, and the City is required to notify the appropriate Federal or State agency monitoring drug testing within the workplace of this information within ten (10) days after receipt of any conviction notification so long as I am employed by the City of Eldorado.

Date: _____

Signature of Applicant/Employee.

APPLICATION FOR EMPLOYMENT
Attachment #3

At the time of application, each applicant shall execute an Acknowledgment that should he/she be hired and then voluntarily resign their position prior to completion of a 90-day probationary period, the employee shall be held responsible for actual costs incurred by the City of Eldorado for Pre-Hire Drug Screen, Post-Offer Functional Employment Evaluation, and Driver's License Status Check. The Acknowledgment shall authorize deductions from the employee's final payroll check and specify current costs for such testing.

WRITTEN ACKNOWLEDGMENT:

I acknowledge my responsibility to the City of Eldorado for reimbursement of costs associated with my employment should I voluntarily resign my position with the City prior to completion of my 90-day probationary period. Specific costs to be reimbursed are as follows:

Pre-Hire Drug Screen	\$ 50.00
Post-Offer Functional Employment Evaluation	\$125.00
Driver's License Status Check	\$ 19.25
_____	\$ _____
_____	\$ _____

I hereby authorize deductions to be made from my final payroll check or agree to a payout schedule to cover these expenses.

Signature of Applicant

Name: _____
Printed

Date: _____