

Employment Application



CITY OF STEPHENVILLE

298 West Washington

Stephenville, TX 76401

Phone (254) 918-1220 • Fax (254) 918-1207

www.ci.stephenville.tx.us • applications@ci.stephenville.tx.us

The City of Stephenville is an Equal Opportunity Employer of qualified individuals.

FAILURE TO FULLY COMPLETE THE INFORMATION REQUESTED ON THIS APPLICATION WILL ELIMINATE YOU FROM FURTHER CONSIDERATION.

For electronic submissions please fill out all shaded areas, save, and send as a Word Document attachment to applications@ci.stephenville.tx.us

PERSONAL INFORMATION

Name (Last, First, Middle Initial)			Email Address		Driver license number, state and classification
Present Address			Apt No.	City	
State	Zip Code	Phone Number	Are you a U.S. citizen or an alien authorized to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>			Do you live within a 30 minute response radius from Stephenville? (Applies to positions requiring "on-call" status) YES <input type="checkbox"/> NO <input type="checkbox"/>		
In case of an emergency, notify		Address		Phone Number	

DESIRED EMPLOYMENT

Position Applying for		Date you can start
Are you seeking	Summer <input type="checkbox"/>	Are you, or have you been, employed by the City of Stephenville? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when?
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Seasonal <input type="checkbox"/>	

Please list any relatives employed with the City of Stephenville
Please list any relatives who currently or previously served on the Stephenville City Council

EDUCATION

SCHOOL LEVEL	Name and Location of School	Major/Minor	Degree Received
HIGH SCHOOL			<input type="checkbox"/> HS Diploma <input type="checkbox"/> GED
COLLEGE			
COLLEGE			
TRADE SCHOOL			
MILITARY SCHOOL			

MILITARY HISTORY

Branch of Service:

Highest Rank:

FIREFIGHTER/PARAMEDIC

Paramedic: YES OR NO
 Certificate or License Expiration Date:

Firefighter: YES OR NO
 Certificate or License Expiration Date:

LEGAL BACKGROUND RECORD

Have you ever been convicted of a felony crime? YES NO

What was your charge?

Has your driver's license ever been revoked? YES NO

If YES, when and why?

GENERAL OFFICE SKILLS Windows MS Word MS Excel 10-Key

Other

Estimated Keyboard Speed:

SPECIAL CERTIFICATIONS

SPECIAL SKILLS

SPECIAL INTEREST/PROFESSIONAL GROUPS

REFERENCES

Please list three personal references (not former employers or relatives).

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Years Acquainted</u>

<i>Name of Present or Last Employer:</i>		
Address	City, State and Zip Code	
Job Title	Supervisor's Name	May we contact him/her? YES <input type="checkbox"/> NO <input type="checkbox"/>
Supervisor's Job Title	Supervisor's Phone	
Starting Date	Leaving Date	
Starting Salary/Wage	Final Salary/Wage	
Description of Work		
Reason for Leaving		

<i>Name of Previous Employer:</i>		
Address	City, State and Zip Code	
Job Title	Supervisor's Name	May we contact him/her? YES <input type="checkbox"/> NO <input type="checkbox"/>
Supervisor's Job Title	Supervisor's Phone	
Starting Date	Leaving Date	
Starting Salary/Wage	Final Salary/Wage	
Description of Work		
Reason for Leaving		

<i>Name of Previous Employer:</i>		
Address	City, State and Zip Code	
Job Title	Supervisor's Name	May we contact him/her? YES <input type="checkbox"/> NO <input type="checkbox"/>
Supervisor's Job Title	Supervisor's Phone	
Starting Date	Leaving Date	
Starting Salary/Wage	Final Salary/Wage	
Description of Work		
Reason for Leaving		

Name of Previous Employer:		
Address	City, State and Zip Code	
Job Title	Supervisor's Name	May we contact him/her? YES <input type="checkbox"/> NO <input type="checkbox"/>
Supervisor's Job Title	Supervisor's Phone	
Starting Date	Leaving Date	
Starting Salary/Wage	Final Salary/Wage	
Description of Work		
Reason for Leaving		

How did you hear about the position? Newspaper <input type="checkbox"/> Texas Workforce <input type="checkbox"/> City of Stephenville Web Site <input type="checkbox"/> Other (describe)

I CERTIFY THAT ALL INFORMATION PRESENTED ON THIS APPLICATION IS TO BE TRUE AND VALID TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS INFORMATION WILL BE INVESTIGATED AND IN DOING SO I, THE APPLICANT, RELEASE THE EMPLOYER BEING THE CITY OF STEPHENVILLE FROM ANY AND ALL LIABILITY. I UNDERSTAND THAT ANY MISREPRESENTATION ON MY PART IN COMPLETING THIS APPLICATION WILL BE JUST CAUSE FOR REJECTION AT ANY TIME BEFORE AND/OR AFTER MY POSSIBLE EMPLOYMENT WITH THE CITY OF STEPHENVILLE.

I UNDERSTAND THAT THIS APPLICATION IS NOT AN EMPLOYMENT AGREEMENT, AND THAT NO EMPLOYMENT IS BEING OFFERED TO ME IN THIS APPLICATION. HOWEVER, IF I AM EMPLOYED WITH THE CITY OF STEPHENVILLE, I UNDERSTAND THAT MY RELATIONSHIP WITH THE CITY OF STEPHENVILLE WILL BE GOVERNED BY THE AT-WILL DOCTRINE. THROUGH THAT DOCTRINE, I UNDERSTAND THAT THE CITY OF STEPHENVILLE IS ALLOWED TO CHANGE MY WAGES, BENEFITS, TERMINATE MY EMPLOYMENT AND OTHER CONDITIONS OF MY EMPLOYMENT AT ANY TIME. I ALSO UNDERSTAND THAT THROUGH THIS DOCTRINE, I MAY TERMINATE MY JOB WITH THE CITY OF STEPHENVILLE AT ANY TIME FOR ANY REASON.

All potential employees are subject to a drug screen and depending on the position, driving record check, criminal history review, reference check and any other background check pertaining to the applicant. The City of Stephenville is an Equal Opportunity Employer.

*******Please note*******

All applicants for Police Officer positions must be twenty-one (21) years of age, read and write English, and be TCLEOSE licensed.

Applicant Name:	
Signature (see below for email submissions): _____ If submitting by email please enter you email address as an electronic signature. This form of signing only applies to electronic/email submissions. Electronic Signature (email address):	Date: