



VERNON, TEXAS

Employment Application

Street Address
1725 Wilbarger St.
Vernon, TX 76384

Telephone Number
940-552-2581
fax: 940-552-0569

An Equal Opportunity Employer

We welcome and appreciate your interest in employment with the City of Vernon. We are an equal opportunity employer. No question on this application is intended to secure information for discriminatory purposes.

Applicants are required to submit accurate, complete and truthful information in response to questions on this application, on a resume, and other information provided, including post-offer medical history information and information related to the post-offer drug test provided by the City's designated health care provider. Failure to do so will be grounds for rejection of this application. Applicants must provide supplemental written information where necessary to accurately and completely respond to questions. If the applicant selected for this position is not a City employee, his/her employment history will be checked for a minimum of two previous employers, or for the past ten years, whichever is greater. If the applicant is a City employee, a review of the employee's personnel file and a reference check of the immediate supervisor will be reviewed.

This form is part of the examination process. Before completing the application, consider the duties of the job with or without reasonable accommodation and minimum qualifications for the specific job for which you are applying. You must meet the minimum qualifications of the position to be considered.

The City of Vernon reserves the right to disqualify any application which is incomplete. This application may be completed at your convenience; however, failure to provide required documents by the published recruitment deadline may result in disqualification. All applicants are required to complete an application form prior to interviewing for a position.

Please Print or Type

Today's Date _____

Position Applied For _____

Social Security # _____

Last Name _____ First Name _____ Middle Initial _____

Have you ever used another name for work, school or other purposes? ___ Yes ___ No **If yes, provide below:**

Last Name _____ First Name _____ Middle Initial _____

Last Name _____ First Name _____ Middle Initial _____

Answer all questions completely and accurately. Notify us promptly of any change of address and/or telephone number.

Address _____ Apt. No. _____ City _____

State _____ Zip Code _____ Telephone _____ Alternate Telephone _____

Driver's License Information

If the essential functions of the position for which you are applying require driving a vehicle of any kind, please complete this section. If your position requires a CDL, make sure that is included in the license information you submit:

Do you have a current and valid driver's license ____ Yes ____ No

List all the restrictions on your current driver's license: _____

List all traffic offenses and citations you have received during the preceding three (3) years, excluding only parking tickets. Explain circumstances and disposition on Application Attachment II.

Has your driver's license been revoked, suspended, or restricted during the preceding three (3) years? ____ Yes ____ No

If yes, explain on Application Attachment II.

Driver's License Number State Class Expiration Date

Attach a copy of your current driver's license or show it to the Human Resources Director for verification.

Verified by: _____

Current Licenses/Certifications/Registrations:

Submit a copy of any certifications with this application.

Type _____ Number _____ Agency/State Issuing _____ Expiration Date _____

Type _____ Number _____ Agency/State Issuing _____ Expiration Date _____

Type _____ Number _____ Agency/State Issuing _____ Expiration Date _____

Has your license/certification been denied, revoked, suspended, or subject to discipline by the licensing and/or professional authority?
____ Yes ____ No, **If yes**, provide details on a separate sheet.

Specialized Skills

Please Check / List all that apply

Computer _____ Excel _____ Production /Mobile Machinery (List) _____

Calculator _____ Word _____ _____

Typewriter _____ Other _____ _____

Fax _____ Other (List) _____

Describe any specialized skills, training or apprenticeship _____

Indicate any languages you can speak, read or write _____

Education History

High School: Graduated? ___ Yes ___ No School: Name/City _____
 G.E.D.: Received? ___ Yes ___ No Test Center: Name/City _____
 Less than High School: Last Grade Completed _____ School: Name/City _____

Additional Academic/Vocational/Business Education

Additional Education

Name of School/City	Areas of Study	Trade School or College Sem. Hrs	Type of Certificate Received	Type of Degree Received

Employment History

List all employment (including military service) for at least the past 10 years or for your last 2 employers, whichever is greater. Begin with your present position and work back. **Explain any gaps in employment, school, or military service dates.** Attach additional sheets as needed. OPTIONAL: Additional information on your training and/or experience which relates to the job opening may be provided on attached sheets.

Commercial Driver's License (CDL) required? ___ Yes ___ No

From ___/___/___ to ___/___/___ Job Title _____
Month Year Month Year

Employer _____ Address _____

Supervisor Name _____ Supervisor Phone _____ Co-Worker Name/Phone _____

Job Duties _____

Reason for Leaving _____ Salary _____

Commercial Driver's License (CDL) required? ___ Yes ___ No

From ___/___/___ to ___/___/___ Job Title _____
Month Year Month Year

Employer _____ Address _____

Supervisor Name _____ Supervisor Phone _____ Co-Worker Name/Phone _____

Job Duties _____

Reason for Leaving _____ Salary _____

Commercial Driver's License (CDL) required? ____ Yes ____ No

From ____/____/____ to ____/____/____ Job Title _____
Month Year Month Year

Employer _____ Address _____

Supervisor Name _____ Supervisor Phone _____ Co-Worker Name/Phone _____

Job Duties _____

Reason for Leaving _____ Salary _____

Commercial Driver's License (CDL) required? ____ Yes ____ No

From ____/____/____ to ____/____/____ Job Title _____
Month Year Month Year

Employer _____ Address _____

Supervisor Name _____ Supervisor Phone _____ Co-Worker Name/Phone _____

Job Duties _____

Reason for Leaving _____ Salary _____

Commercial Driver's License (CDL) required? ____ Yes ____ No

From ____/____/____ to ____/____/____ Job Title _____
Month Year Month Year

Employer _____ Address _____

Supervisor Name _____ Supervisor Phone _____ Co-Worker Name/Phone _____

Job Duties _____

Reason for Leaving _____ Salary _____

Please answer yes or no to the following questions and attach additional sheets as needed.

1. Have you previously worked for any department of the City of Vernon or does the City presently employ you? ____ Yes ____ No
2. **If yes**, what year? _____ Department _____
3. Are you related to anyone working for the City of Vernon? ____ Yes ____ No **If yes**, complete the following:
Department _____ Name _____ Relationship _____
Department _____ Name _____ Relationship _____

4. a.) Have you ever been disciplined or discharged for theft or related offenses by any employer? ____ Yes ____ No

If **yes**, state name and address of employer and explain the circumstances. _____

b.) Have you ever been disciplined or discharged for fighting, assault or related behavior by any employer? ____ Yes ____ No

If **yes**, state name and address of employer and explain the circumstances. _____

c.) Have you ever been disciplined or discharged for insubordination or violation of safety rules? ____ Yes ____ No

If **yes**, state name and address of employer and explain the circumstances. _____

d.) Have you been dismissed or asked to resign from any job whether or not listed on this application for other reasons?

____ Yes ____ No If **yes**, state name and address of employer and explain the circumstances. _____

e.) Have you served in the military service? ____ Yes ____ No

If **yes**, how many years of military service do you have? _____

Conviction Record – Failure to answer the following question will disqualify you from further consideration of your application. Have you ever been **CONVICTED OF**, plead guilty to, or no contest to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanors and/or felonies), in any court other than Juvenile Court? **Check one:** ____ Yes ____ No

If **yes**, complete **Application Attachment I in detail**. A conviction will not automatically exclude you from consideration for employment. The nature, seriousness, number of offenses, length of time since offenses, your work record with other employers after the offenses, and the nature of the position shall be considered.

RELEASE AND AUTHORIZATION – READ CAREFULLY BEFORE SIGNING

I understand that the City of Vernon is an at-will employer, and that neither this application, nor any city policy, gives any employee a property interest in a job. I understand that no employee or official of the city is authorized to change the policy, or to offer permanent employment.

I certify that I have made no willful misrepresentation in this application, my resume and any other documents submitted by me, nor have I withheld information in my statements and answers to questions, and I confirm that the information provided on this application and any other documents I have submitted is true, correct and complete. I am aware that the information given by me in my application may be investigated. I agree to provide supplemental information if requested by the City of Vernon’s designee. I further understand that falsification or omission of information including post-offer medical history information provided to the City’s designated health care provider are grounds for rejection of this application and, should I be employed, may be grounds for dismissal. I understand that if any information provided on this form or others should change between the date I submit this application and the date of any employment offer and/or hire date, that I must communicate those changes in writing to the Director of Human Resources or designee in a timely manner. I further understand that this application, resume, and any other documents attached become the property of the City of Vernon and will not be returned. I understand and voluntarily authorize and request, without reservation, any party or agency contacted by the City of Vernon including present and prior employers to furnish requested information to support my application.

Signature_____ Date_____

NOTICE OF CONDITIONS OF EMPLOYMENT

I understand that as a condition of employment with the City of Vernon, I will be required to pass a drug test and agree to abide by the City’s Alcohol and Drug Policy.

Signature_____ Date_____



CRIMINAL HISTORY CONSENT FORM

Full Name (Please Print):			
Aliases (Include Maiden Name):			
Social Security #	DOB:	RACE:	SEX:
Street Address:			
City:	State:	Zip:	
I hereby authorize the City of Vernon to request and receive a statewide Criminal History Record pertaining to me.			
Signature:		Date:	

Please note your signature must be witnessed by an employee of the City of Vernon. Not all positions require a Criminal History background check. You will be notified by the Hiring Department or a Human Resources Representative if this form needs to be completed.

Witnessed by:

Print Name: _____

Date: _____

**Application Attachment II
Applicant Demographics Report**

COMPLETION OF THIS FORM IS VOLUNTARY

The City of Vernon is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the City of Vernon invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Information provided on this form is not part of the hiring process and is not considered by those involved in the hiring process. Qualified applicants and employees are considered without regard to race, color, religion, sex, national origin, age, marital status or disability.

Name: _____ Sex: ___ Male ___ Female

Date of Birth: ___/___/___

Position Applied for: *(Must indicate specific job title)* _____

EEO Classification

Specific Instructions: The categories below are designed to identify your basic racial and national origin category. Place a "check" next to the appropriate category. **Note: Check only one category.**

- White Black or African American Two or more races, excluding
Hispanic or Latino
- Asian Native Hawaiian or Other Pacific Islander Hispanic or Latino
- American Indian or Alaskan Native (Not Hispanic or Latino)

Employment Eligibility Verification

In what country were you born? _____

Have you the legal right to work permanently in the United States? ___Yes ___No

What documents can you show to prove your legal right to work in the United States?

- Driver's License and Social Security Card Certificate of U.S. Citizenship or Naturalization
- "Green Card" U.S. Passport showing U.S. Citizenship Other (Specify) _____