

**CITY OF CAMERON  
APPLICATION FOR EMPLOYMENT**

DATE: \_\_\_\_\_ DO YOU HAVE A VALID DRIVERS LICENSE?  YES  NO

APPLICANT NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

ARE YOU 18 YRS OR OLDER?  YES  NO

HAVE YOU EVER WORKED OR ATTENDED SCHOOL UNDER ANOTHER NAME? IF SO, UNDER WHAT NAME? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  YES  NO

IF YES, GIVE DETAILS, INCLUDING DATE( \_\_\_\_\_

\*A "YES" ANSWER WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT. WE WILL CONSIDER THE NATURE & DATE OF THE OFFENSE & THE JOB FOR WHICH YOU ARE APPLYIN FOR JOB-RELATED PURPOSES ONLY, & ONLY TO THE EXTENT PERMITTED BY APPLICABLE LAW

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.? YES NO

**POSITION DESIRED**

POSITION: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_ HRLY/MO RATE DESIRED: \_\_\_\_\_

DO YOU PREFER FULL-TIME PART-TIME HOURS YOU ARE AVAILABLE TO WORK: \_\_\_\_\_

IF PART-TIME, HOURS PER WEEK DESIRE \_\_\_\_\_ DAYS OF THE WEEK YOU ARE AVAILABLE TO WORK: \_\_\_\_\_

ARE YOU ABLE TO WORK: WEEKENDS: \_\_\_\_\_ HOLIDAYS: \_\_\_\_\_ NIGHTS: \_\_\_\_\_

ARE YOU AVAILABLE TO WORK OVERTIME?  YES  NO

HAVE YOU PREVIOUSLY WORKED FOR THE CITY OF CAMERON? IF SO, FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_

FORMER SUPERVISOR(S) AT THIS COMPANY? \_\_\_\_\_

HOW DID YOU LEARN ABOUT THIS OPENING? \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL:	GRADUATED:	<input type="checkbox"/>	YES	NO	<input type="checkbox"/>	COURSE OF STUDY:
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TECHNICAL SCHOOL:	GRADUATED:	<input type="checkbox"/>	YES	NO	<input type="checkbox"/>	COURSE OF STUDY:
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COLLEGE/UNIVERSITY	GRADUATED:	<input type="checkbox"/>	YES	NO	<input type="checkbox"/>	COURSE OF STUDY:
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OTHER EDUCATION OR TRAINING: \_\_\_\_\_

OTHER SPECIAL SKILL \_\_\_\_\_

**MILITARY EXPERIENCE**

BRANCH OF SERVICE: \_\_\_\_\_ DATES SERVED: \_\_\_\_\_ RANK AT DISCHARGE: \_\_\_\_\_

EDUCATION & TRAINING: \_\_\_\_\_

**WORK EXPERIENCE**

PLEASE LIST ALL PREVIOUS EMPLOYMENT, BEGINNING WITH THE MOST RECENT. IF YOU NEED MORE ROOM, YOU MAY ATTACH ANOTHER SHEET OF PAPER

EMPLOYER:		ADDRESS:	
DATES EMPLOYED:	POSITION HELD:	REASON FOR LEAVING	
SUPERVISOR'S NAME & TITLE:		MAY WE CONTACT	YES NO
DESCRIPTION OF DUTIES:			
STARTING HOURLY PAY:	FINAL HOURLY PAY:	PHONE NUMBER:	
EMPLOYER:		ADDRESS:	
DATES EMPLOYED:	POSITION HELD:	REASON FOR LEAVING	
SUPERVISOR'S NAME & TITLE:		MAY WE CONTACT	YES NO
DESCRIPTION OF DUTIES:			
STARTING HOURLY PAY:	FINAL HOURLY PAY:	PHONE NUMBER:	
EMPLOYER:		ADDRESS:	
DATES EMPLOYED:	POSITION HELD:	REASON FOR LEAVING	
SUPERVISOR'S NAME & TITLE:		MAY WE CONTACT	YES NO
DESCRIPTION OF DUTIES:			
STARTING HOURLY PAY:	FINAL HOURLY PAY:	PHONE NUMBER:	
<b>REFERENCES</b>			
NAME:	PHONE/EMAIL:	RELATION TO REFERENCE:	
NAME:	PHONE/EMAIL:	RELATION TO REFERENCE:	
NAME:	PHONE/EMAIL:	RELATION TO REFERENCE:	
<b>AUTHORIZATION AND ACKNOWLEDGEMENTS</b>			
<p>I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.</p> <p>I UNDERSTAND THAT IF I AM EMPLOYED, ANY FALSE STATEMENTS ON THIS APPLICATION MAY BE GROUNDS FOR DISMISSAL.</p> <p>I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I ALSO GRANT PERMISSION TO CONTACT ALL REFERENCES LISTED ABOVE, AND AUTHORIZE THEM TO RELEASE ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ALL OTHER PERTINENT INFORMATION THESE REFERENCES MIGHT HAVE, PERSONAL OR OTHERWISE. I RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THIS INFORMATION TO YOU</p> <p>I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME AND WITHOUT PRIOR NOTICE.</p>			
APPLICANT SIGNATURE:			DATE: