



CITY OF TAYLOR

APPLICATION FOR EMPLOYMENT

An Equal Opportunity/Affirmative Action Employer

400 Porter Street, Taylor, Texas 76574

Phone: 512/352-5993

www.taylortx.gov

If you need assistance in completing this employment application, please inquire at the Human Resources Office. The City conducts pre-employment qualification testing and personal interviews in the application process. If you believe you will require reasonable accommodations (e.g., interpreter, TDD, scheduling adjustments) in the application process, please inform the Human Resources Office in writing when you submit your application.

PERSONAL DATA

 (LAST NAME) (FIRST NAME) (INITIAL)

 (STREET ADDRESS, RFD, P.O. BOX)

 (CITY) (STATE) (ZIP CODE)

Phone Numbers:(_____)_____ Social Security Number _____

(_____)_____ Position(s) Applied for _____

Date you would be available to start work? _____

Check type of work you are seeking: Regular Temporary Part time Full time

Have you ever filed an application with the City of Taylor before? Yes No If yes, when?_____

Have you ever been employed here before? Yes No If yes, when?_____

Are you related to any person employed by the City of Taylor? Yes No

If yes, list name and relationship: _____

Minimum Salary Requesting \$ _____ per _____

FOR OFFICE USE ONLY	
Received_____	Ltr sent_____
Refs chkd_____	Bkgd ck_____
Interview_____	Hired_____

Name of School Attended	City/State	Dates Attended From To	Certificate/Diploma or Degree Received

SKILLS: List any additional special skills you may have (computer software, special equipment, languages, etc.)

EMPLOYMENT EXPERIENCE: List each position held. Start with your present or most recent assignment and work backward. If you need additional space, please continue on a separate sheet of paper. Attach additional sheets or resume if needed.

May we contact your present employer? **Yes** **No**

Employer	Employed From:	To:
Employer Address	Starting salary	Ending Salary
Job Title	Supervisor and Phone no.	
Summary of job duties	Reason for leaving	

Employer	Employed From:	To:
Employer Address	Starting salary	Ending Salary
Job Title	Supervisor and Phone no.	
Summary of job duties	Reason for leaving	

Employer	Employed From:	To:
Employer Address	Starting salary	Ending Salary
Job Title	Supervisor and Phone no.	
Summary of job duties	Reason for leaving	

ADDITIONAL INFORMATION: By law, you must be authorized to work in the United States in order to be employed by the City of Taylor. Are you a citizen of the United States or legally authorized to work in the United States? **Yes** **No**

Have you ever been convicted of a felony, misdemeanor, or any other crime or been the subject of deferred adjudication?

Yes **No** If yes, give details below.

If yes, please explain. (Omit convictions for minor traffic citations unless the position for which you are applying requires the operation of a motor vehicle. Conviction will not result in your automatic disqualification for employment but a false statement or an omission will disqualify you. The seriousness of the crime, the date of conviction and the relevance of the crime to the position will be considered.)

Date of Offense Month/Year	Type of Offense	Level and Degree of Offense			Court Disposition (Convicted, Deferred Adjudication)
		Felony	Misdemeanor	Other Crime	

Do you have a current Texas Driver's License? **Yes** **No** License # _____
 Type of license: Class C CDL Other _____

If you are 18 years old or younger please give your date of birth _____

REFERENCES: List three persons not related to you who are qualified to describe your capabilities for the position you seek.

NAME	ADDRESS	PHONE	OCCUPATION

AUTHORIZATION FOR RELEASE OF INFORMATION: I certify that the statements and information contained herein are true, complete and correct to the best of my knowledge and I authorize any former employer to release to an authorized representative of the City of Taylor any and all employment records or other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents and verifying my identity and eligibility for employment. In addition, I understand that if selected for an interview, true copies of all degrees, certificates or licenses listed on this application will be required before an offer of employment can be made. A photocopy of this authorization shall be as valid as the original.

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.

I understand that the City of Taylor may check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with job requirements.

I understand that offers of employment are conditioned upon my passing a Drug Screening.

I understand that if hired, my employment would be for no definite period of time and may, regardless of the date of payment of my wages or salary, be terminated at any time. All information is subject to verification and that intentional misrepresentation on my application or during the interview process will subject me to immediate discharge. The City of Taylor is an "at-will" employer and only written representations of offers made by the City of Taylor will be enforceable.

Signature of Applicant: _____

Date: _____



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EEOC STATISTICAL DATA FORM

Dear Applicant:

Our commitment to a policy of providing equal employment opportunities to all applicants without regard to race, color, disability, religion, age, sex or national origin requires that certain information on all job applicants be gathered and maintained for statistical purposes only. Completion of this form is voluntary on your part and will not affect your opportunity for employment with us. However, to fulfill our commitment, we would appreciate your supplying the information requested below.

PLEASE NOTE: *The information requested on this form will be used for statistical reporting purposes only. It will be separated from your application form and will not be used in any way in evaluating your qualifications for employment, nor will it become part of your personnel file if you are hired.*

INSTRUCTIONS: Please check the box corresponding to the correct response(s) in each of the categories below.

SEX

- Male
 Female

AGE (in years)

- Under 40
 40 and above

RACIAL/ETHNIC GROUP

- Caucasian (Not of Hispanic Origin)
 Black (Not of Hispanic Origin)
 Hispanic Origin
 Asian or Pacific Islander
 American Indian or Alaskan Native

HOW DID YOU FIND OUT ABOUT THE JOB?

- Posted Job Announcement
 Texas Employment Commission
 Current Employee
 Friend
 Newspaper _____
 Just walked in
 Other (specify) _____

DISABILITY

Do you have a disability? Yes No

(A disability is described as: 1) physical or mental impairment which substantially limits a major life activity; 2) previous record of such an impairment; or 3) being regarded as having such an impairment.)



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Authorization for Release of Information

I hereby authorize any investigator or duly accredited representative of the City of Taylor bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the City of Taylor and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

Written inquiries about criminal convictions will not automatically disqualify an applicant for a particular job and the type and seriousness of the crime, the frequency of violations, the applicants age at the time of conviction, the date of conviction, and the applicant's entire work and educational history will be considered.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Applicant's name (Print or Type)

Date

Applicant's signature

Social Security Number

Address

Phone

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal
APPLICANT or EMPLOYEE NAME)Please Print)
history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

CITY OF TAYLOR
Agency Name (Please print)

STARLA A. HALL
Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space
CCH Report Printed: YES _____ NO _____ _____ initial
Purpose of CCH: _____
Hire _____ Not Hired _____ _____ initial
Date Printed: _____ _____ initial
Destroyed Date _____ _____ initial
Retain in your files



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NEPOTISM CERTIFICATION

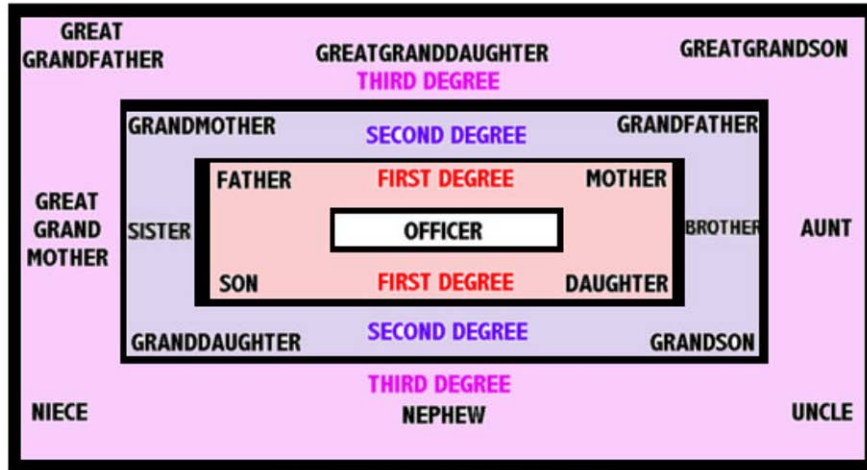
Applicant's Name _____

Position(s) Applying For: _____

No person may be employed by the City of Taylor who is related within the second degree of affinity (marriage) or within the third degree of consanguinity (blood) to any member of the City Council, City Manager or to any employee who would supervise his or her job performance. (See the chart below.)

Are you or your spouse related by blood to any of the above parties or to your prospective supervisor in any way? Yes No If yes, please explain

Nepotism Charts



CONSANGUINITY KINSHIP CHART



AFFINITY KINSHIP CHART

* Spouses of relatives within the first or second degree of consanguinity (e.g., son-in-law, mother-in-law, brother-in-law, etc.) are also included in the prohibition.

Signature _____

Date _____