



APPLICATION FOR EMPLOYMENT

City of Jacksonville
Human Resource Department
315 S. Ragsdale Street
Jacksonville, TX 75766
Ph: (903) 586-3510
Email: hr@jacksonvilletx.org

INSTRUCTIONS: Please complete and sign all blanks accurately and legibly to be considered. We may verify all information you provide. **A FALSE STATEMENT OR OMISSION MAY RESULT IN DISQUALIFICATION FOR EMPLOYMENT OR DISCHARGE, IF EMPLOYED.** The City of Jacksonville is an Equal Opportunity Employer. In accordance with the Civil Rights Acts of 1964 and 1991, as amended, the Age Discrimination in Employment Act, and the Americans with Disabilities Act, the City of Jacksonville prohibits discrimination in any employment because of race, color, sex, religion, national origin, age or disability. No question on this application is intended to secure information to be used for discriminatory purposes.

PERSONAL

PERSONAL INFORMATION (print clearly)

Date _____

Name _____
Last First Middle Maiden or other

Current Address _____ Telephone No. _____
No. /Street

City _____ State _____ Zip _____ Cell Phone No. _____

Are you legally eligible for employment in the U.S.? _____ Email address. _____

*Position applying for: _____ Date you would be available to begin work: _____

***(When applying for a position, please be specific. Applicants stating they are applying for "any" or "open" as a position will have their application rejected as incomplete.)**

Check all types of work you will accept: Full-time Part-time Temporary Minimum wage requirements: _____

Have you previously worked or do you currently work for the City of Jacksonville? Yes No

If "Yes", when and what department: _____

Do you have any relatives, by blood or by marriage, working for or holding office for the City of Jacksonville? Yes No

If "Yes", please state Name, Department and Relation: _____

AVAILABILITY: **Are you available to work: DAYS [] NIGHTS [] WEEKENDS [] FULL TIME [] PART TIME []**

Days and Hours Available:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

(If employed, an availability change must be requested in writing and will be subject to approval by your supervisor and Human Resources)

EDUCATION

Will be required to provide transcripts, diplomas, and/or certificates to verify education and training.

High School or GED Graduate? Yes No School Name and City: _____

College, Business, Technical Schools Attended: Name/City Course/Major Type of Degree or Certificate

Trade School/Vocational Schools

Are you fluent in a language other than English? Please indicate in each area your degree of fluency (excellent, good, fair).

Language	Reading	Speaking	Understanding/Writing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any awards or honors received pertaining to your education

MILITARY

Have you served in the U.S. Armed Forces? Yes No If yes, what Branch? _____

Dates of service: From _____ To _____ Highest Rank Held: _____ Type of discharge: _____

List duties/special training and/or awards received in the service:

If requested can you provide a copy of discharge or separation papers: Yes No

SKILLS

EMPLOYMENT HISTORY

(List all jobs beginning with your most recent employer. Use additional pages as necessary)

Employer _____ From _____ To _____ Ending Salary _____

Address _____ Supervisor's Name: _____
Street City State Zip

Co-Worker's Name: _____

Business telephone number: _____ Position/Title: _____

Duties _____

Full-time Part-time Reason for leaving: _____

Was 2 week notice given? Yes No

Eligible for Rehire: Yes No

May we contact this employer? Yes No

Employer _____ From _____ To _____ Ending Salary _____

Address _____ Supervisor's Name: _____
Street City State Zip

Co-Worker's Name: _____

Business telephone number: _____ Position/Title: _____

Duties _____

Full-time Part-time Reason for leaving: _____

Was 2 week notice given? Yes No

Eligible for Rehire: Yes No

Employer _____ From _____ To _____ Ending Salary _____

Address _____ Supervisor's Name: _____
Street City State Zip

Co-Worker's Name: _____

Business telephone number: _____ Position/Title: _____

Duties _____

Full-time Part-time Reason for leaving: _____

Was 2 week notice given? Yes No

Eligible for Rehire: Yes No

REFERENCES

List persons other than former employers and relatives who know you well enough to provide information on work ethics and/or character.

Name: _____

Address: _____

Residence Phone: _____ Business Phone: _____

Occupation: _____ Years Known: _____

Business Address: _____

Describe your relationship with this person: _____

Name: _____

Address: _____

Residence Phone: _____ Business Phone: _____

Occupation: _____ Years Known: _____

Business Address: _____

Describe your relationship with this person: _____

Name: _____

Address: _____

Residence Phone: _____ Business Phone: _____

Occupation: _____ Years Known: _____

Business Address: _____

Describe your relationship with this person: _____

Name: _____

Address: _____

Residence Phone: _____ Business Phone: _____

Occupation: _____ Years Known: _____

Business Address: _____

Describe your relationship with this person: _____

TERMS OF EMPLOYMENT

PLEASE READ CAREFULLY and then initial each statement below to indicate you understand and agree with the statement.

_____ 1. If I misrepresent or deliberately omit a fact in my application, the City may be justified in refusing employment to me or, if I am already employed by the City, in terminating my employment.

_____ 2. I consent to medical or psychological exams required or requested by the officials of the City as permitted under applicable law.

_____ 3. Depending on the nature of the position I am seeking, I understand the City of Jacksonville may conduct pre-employment testing, including an agility test, to assess my qualifications for a particular position. If I require accommodations when the City administers pre-employment tests, I will notify the Human Resources Department, in writing when I submit my application.

_____ 4. If I am offered employment, I may be required to complete a post-offer physical examination at the expense of the City. The job offer is conditional on the results of the medical examination.

_____ 5. I will authorize any physician or hospital to release information that may be necessary to determine my ability to perform the essential functions of my job after I receive an employment offer or during the course of my employment with the City of Jacksonville.

_____ 6. I authorize the City of Jacksonville, in considering my employment, to make any contacts it deems necessary (including, but not limited to: previous employers, agencies of public record or credit reporting agencies as allowed by the Fair Credit Reporting Act.)

_____ 7. If hired, I can be terminated or transferred to another position with or without cause at any time at the option of the City of Jacksonville.

_____ 8. If hired, I agree to a search of any City owned premises assigned to me and I hereby waive all claims for damages on account of such search.

_____ 9. If hired by the City of Jacksonville, such employment is for an indefinite period of time and the City of Jacksonville can change wages, hours of employment, shift assignments, benefits, positions, and conditions of employment at any time.

_____ 10. This application is the property of the City of Jacksonville and will become a part of my personnel file if I am accepted for employment. I further understand this is an application for employment and no employment is being offered and the City of Jacksonville, in receiving this application, has made no contract of employment with me and has not in any way guaranteed my future employment.

_____ 11. I shall never construe this application or any other communication, verbal or written, given or made by anyone during the application process for employment by the City of Jacksonville as constituting either a contract of employment or a guarantee of employment.

The information in this application is accurate, complete, and is subject to verification by the City of Jacksonville. I understand that if I have given any false information in this application or if I have omitted any material facts, I may be disqualified from employment with the City of Jacksonville or if hired, I may be discharged immediately upon discovery of such false statements or omissions.

I also understand the City of Jacksonville is an "employment-at-will" employer and the acceptance of an offer of employment does not create a contractual obligation upon the City of Jacksonville to continue to employ me in the future.

Signature of Applicant _____ Date: _____

Reference check authorization: I authorize any person or organization listed in this application and/or by whom I have been previously employed and/or any educational institution I have listed on this application to furnish any information they may have concerning me to the City of Jacksonville. I understand the information provided by me may be used for the purpose of determining my eligibility. My previous employers may be contacted unless otherwise noted on this application. I hereby release, indemnify, and hold harmless any governmental entity, employer, or person furnishing information about me.

Signature of Applicant: _____ Date: _____

Confidential EEOC DATA

DISCLAIMER: The data being collected is for EEO reporting purposes. This information is not part of the hiring process, nor will the information be considered by those involved in the hiring process.

Name (Please print)	Social Security No.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Age
Ethnic Origin <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White				

Driving Record

Many positions with the City of Jacksonville require the use of a City vehicle and therefore require a good driving record. Some positions require a commercial driver license. Please answer the following questions completely and accurately.

Do you have a valid Texas Driver's license? Yes No Class A B C

Driver's License No. _____ State _____ Year Expires _____

If you have a CDL (commercial driver license) please list any endorsements. _____

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 identifiers 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 conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

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 make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 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

Agency Name (Please print)

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	

Sanctions & Criminal History Inquiry

PLEASE READ:

The disclosure of prior criminal justice system involvement will not necessarily adversely affect your employment opportunity. Among other factors, the number, nature, and severity of offense(s), the relevance of the offense(s) to the position sought, and the time that has passed since the offense(s) will be evaluated along with any other criteria mandated by state or federal law.

Additionally, any arrests or non-conviction information will be reviewed to determine whether it is reasonable to believe that you engaged in the alleged underlying conduct. The fact of an arrest will not, in and of itself, be a factor in determining your eligibility for employment.

Failure to answer this question accurately and fully may be considered fraud and result in the elimination of your consideration for this position or your termination from employment The City of Jacksonville conducts very thorough background investigations.

1. Have you ever been sanctioned, excluded, or otherwise prohibited from participating in any healthcare, financial, or procurement program funded or operated by any federal or state agency?

- A. I have no history as described above.
B. The full accounting of the information requested above is provided below:

Please provide the agency involved, the date of action, the nature of the action, and the current status of the action. You may also provide this information on a separate document bearing your signature and the date, if desired.

2. Please list all misdemeanor and felony criminal matters, regardless of age or outcome and including any active cases, in which you were charged or for which you participated in a pre-trial diversion or other program to avoid prosecution. Please also provide the details of any registration for sexual or violent offenses, except for those in which the underlying criminal case was expunged, annulled, or erased and you have no continuing registration requirement.

Also provide information about any arrests in the prior twelve months, including information as to whether charges are pending or other information concerning the outcome of the arrest, or active investigations which may result in prosecution.

Exclude any sealed, expunged, annulled, or erased records. Also exclude minor traffic safety violations for which no arrest was made.

SELECT ONE:

- A. I have no history as described above.
B. The full accounting of the information requested above is provided below:

Please provide dates, offense information, city and state, and disposition information, including the status of the case; if the case was dismissed, the reason for the dismissal; whether a conviction occurred; or describe any other outcome. You may also provide this information on a separate document bearing your signature and the date, if desired.

Date Jurisdiction (City/County, State) Offense Disposition (Outcome) & Sentence (if applicable)

Individualized Assessment:

If you believe that the criminal history information provided above does not adequately reflect the circumstances surrounding your criminal history or if there is additional information not included elsewhere in your employment application that you believe the Company should be aware in evaluating your fitness for this position, please provide that information below. You may also provide this information on a separate document bearing your signature and the date, if desired.

Printed Name

Signature

Date

Social Security Number

Driver License Number or State ID

Date of Birth