**Employment Application**



**CITY OF STEPHENVILLE**

**298 West Washington**

**Stephenville, TX 76401**

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

[**www.stephenvilletx.**](http://www.stephenvilletx.)**gov •** [**applications@stephenvilletx.**](mailto:applications@stephenvilletx.)**gov**

**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@stephenvilletx.**](mailto:applications@stephenvilletx.)**gov**

**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  NO** | | | |
| Are you at least 18 years of age?  **YES  NO** | | | | Do you live within a 30 minute response radius from Stephenville?  (Applies to positions requiring “on-call” status)  **YES  NO** | | | |
| In case of an emergency, notify | | | Address | | | | Phone Number |

**Desired Employment**

|  |  |  |
| --- | --- | --- |
| Position Applying for | | Date you can start |
| Are you seeking  Full Time  Part Time | Summer  Seasonal | Are you, or have you been, employed by the City of Stephenville?    **YES  NO** If yes, when? |

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| 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** |  |  | HS Diploma  GED |
| **COLLEGE** |  |  |  |
| **COLLEGE** |  |  |  |
| **TRADE SCHOOL** |  |  |  |
| **MILITARY SCHOOL** |  |  |  |

**Military History FIREFIGHTER/PARAMEDIC POLICE/TELECOMMUNICATOR**

|  |  |  |
| --- | --- | --- |
| Branch of Service:  Highest Rank: | Paramedic: Yes  No  Certificate or License Expiration Date:  Firefighter: Yes  No  Certificate or License Expiration Date: | Police Officer:  Yes  No  TCOLE PID #:  Telecommunicator:  Yes  No  TCOLE PID #: |

**Legal Background Record**

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| 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? |

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| **GENERAL OFFICE SKILLS** Windows MS WordMS 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).**

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| **Name** | **Address** | **Phone** | **Years Acquainted** |
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| ***Name of Present or Last Employer:*** | | | |
| Address | City, State and Zip Code | | |
| Job Title | | Supervisor's Name | May we contact him/her?  **YES  NO** |
| 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  NO** |
| Supervisor's Job Title | | Supervisor's Phone | |
| Starting Date | | Leaving Date | |
| Starting Salary/Wage | | Final Salary/Wage | |
| Description of Work | | | |
| Reason for Leaving | | | |

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| --- | --- | --- | --- |
| ***Name of Previous Employer:*** | | | |
| Address | City, State and Zip Code | | |
| Job Title | | Supervisor's Name | May we contact him/her?  **YES  NO** |
| Supervisor's Job Title | | Supervisor's Phone | |
| Starting Date | | Leaving Date | |
| Starting Salary/Wage | | Final Salary/Wage | |
| Description of Work | | | |
| Reason for Leaving | | | |

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| --- | --- | --- | --- |
| ***Name of Previous Employer:*** | | | |
| Address | City, State and Zip Code | | |
| Job Title | | Supervisor's Name | May we contact him/her?  **YES  NO** |
| Supervisor's Job Title | | Supervisor's Phone | |
| Starting Date | | Leaving Date | |
| Starting Salary/Wage | | Final Salary/Wage | |
| Description of Work | | | |
| Reason for Leaving | | | |

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| How did you hear about the position?  Newspaper  Texas Workforce  City of Stephenville Web Site  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 or Cadet positions must be twenty-one (21) years of age.**

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| **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:** |