

APPLICATION FOR EMPLOYMENT

CITY OF FAIRFIELD
222 S. Mount St.
Fairfield, Texas 75840

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)	Social Security Number	

Best time to contact you at home is: :..... ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)

Part-Time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

REFERENCES

1.	()	Phone #
	(Name)	
	(Address)	
2.	()	Phone #
	(Name)	
	(Address)	
3.	()	Phone #
	(Name)	
	(Address)	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

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Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

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City of Fairfield Personnel Policy Manual			
Selection			
Number: B-6	Revision: O	Effective Date: 5/11/04	Pages: 2

1.0 Policy

Job applicants shall be evaluated against job requirements to identify the best-qualified applicant. Reference checks, interviews, background checks, performance test, written tests, and/or other screening procedures may be used as appropriate. Applicants shall be required to provide any information and undergo any examinations necessary to demonstrate compliance with prescribed qualifications for the positions involved.

2.0 Procedure/Rule

- 2.1 The City Administrator will work with the appropriate department head or supervisor to discuss screening procedures and job related qualifications.
- 2.2 All applications shall be forwarded to the hiring department for screening. The City Administrator may screen applications when requested by the hiring department.
- 2.3 The hiring department head or the designated supervisor shall review applications on the basis of the skills, knowledge, and abilities required for the job and evaluate against the essential functions and job standards.
- 2.4 The department shall contact applicants deemed best qualified to determine interest in the position and to schedule interviews.
- 2.5 The department head or the designated supervisor will interview the best-qualified applicants and has the responsibility to determine whether an applicant best fits the established job-related criteria required to perform the duties of the job.
- 2.6 The decision to hire an applicant is made by the department head, subject to review of the City Administrator, and approval of the City Council.
- 2.7 Following a decision to employ an applicant, the department head will make offer of employment contingent upon the City determining the applicant's eligibility to work in the United States, and where appropriate, conducting reference, criminal conviction and credit checks.

2.8 Disqualification. Applicants may be disqualified from consideration for any of the following reasons:

- 2.8.1 They do not meet the qualifications necessary for performance of the duties of the position involved.
- 2.8.2 They have made a false statement or an omission of material fact on the application form or supplements, thereto.
- 2.8.3 They have committed or attempted to commit a fraudulent act any stage of the selection process.
- 2.8.4 They are an alien not legally permitted to work in the United States due to their alien status.
- 2.8.5 They are in violation of the City's Substance Abuse Policy.
- 2.8.6 An applicant may be disqualified from consideration for other reasonable grounds relating to job requirements.

2.9 Medical Examination. If the applicant accepts the offer, the prospective new employee will be required to complete a medical history form and to have a medical examination, including drug testing as a condition of employment. The examination will only be required after a job offer has been made by the City to employ the applicant. The medical examination will be made by a physician of the City's choice and paid for by the City. A medical examination of a prospective employee shall not be used to deny an individual with a disability employment with the City of Fairfield, as long as the individual is able to perform the essential functions of the position, with or without reasonable accommodation.