CITY OF CROWLEY 201 East Main Crowley, Texas 76036



TEL: (817) 297-2201 FAX: (817) 297-6178 www.ci.crowley.tx.us

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

<u>PLEASE READ FIRST</u>: Thank you for your interest in employment with the City of Crowley. The application you submit will be reviewed and evaluated based upon the information you have supplied. Failure to answer all questions completely and accurately may mean loss of an employment opportunity.

PLEASE FOLLOW THESE INSTRUCTIONS TO COMPLETE THIS APPLICATION:

- 1. The city accepts applications ONLY when a specific employment notice of a job vacancy is posted.
- 2. All job openings are posted until filled.
- 3. You may submit a resume in addition to your application, but resumes will not substitute for a completed application.
- 4. The City of Crowley will contact (either by telephone, mail, or e-mail) the applicants selected for preplacement testing and/or personal interview. All other applicants will receive no further notice.
- 5. If you wish to be considered for future positions, you MUST submit a new application for each position.
- 6. All employment eligibility is verified through the Department of Homeland Security with E-Verify®. E-Verify® is a registered trademark of the U.S. Department of Homeland Security.

CITY OF CROWLEY

Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

<u>Instructions</u>: It is important that you answer all questions on this application fully and accurately. Failure to do so may delay its consideration and could mean loss of employment opportunities. If an item does not apply to you, or if there is no information to be given, please write in the letters "N.A." for Not Applicable. If completing a paper application, please print in blue or black ink or type.

The City of Crowley considers all applicants for employment without regard to race, color, religion, ethnicity, gender, national origin, age, physical handicap, or any other protected status or classification in accordance with state and federal laws. The City of Crowley also provides "reasonable accommodations" to qualified individuals with known disabilities, in accordance with the Americans with Disabilities Act.

Date available

Position	n Appl	ying For:									art w						
		Full-time		Part-tin	ne						esire Salar						
PERSO	NAL	INFORMA	TION							·							
Last Na	ame:					Firs	t:				1	Middle	:				
Addres	s:												•				
City:					State	э:											
Cell Ph	one:	()						Other Phor	ther Phone: ()								
Email address where we may contact you:																	
Have you ever been employed by the City of Crowley?									Yes No								
If yes, please list dates of employment:						Start:					ru:						
Do you have relatives that work for the City'						Yes					lo						
If yes, p	olease	list?	Name:							Relation	Relationship:						
(You will b	oe requ	ired to subm	it documents	as require	ed by la	w to v	erit	fy your iden	ıtifica	tion and	emplo	oyment	auth	orizati	on upc	n hire	e.)
Do you	have	the legal rio	ght to work i	n the U.	S.?						Υe	es		No			
Are you	u at lea	ast 18?									Υe	es		No			
Do you	have	a valid driv	er's license	or the a	bility to	o obta	ain	one?			Υe	es		No			
Have yo	ou eve	r been con	victed of a r	nisdeme	eanor a	above	e C	Class C?			Υe	es		No			
Have y	ou eve	er been cor	victed of or	plead g	uilty to	a fel	lon	ıy?			Υe	es		No			
If yes, e	explair	the nature	of offense(s) leadir	ng to c	onvio	tio	n(s), date	of o	ffense(s), ar	nd sen	tenc	e(s) i	mpos	ed	

EDUCATION AND TRAINING

(High School Diploma or Graduate Equivalency Diploma (GED) and College Transcripts are required for verification of education prior to employment)

High S	school Graduate	?		Yes	5	No	G	ED?			Yes	No
High S	school Name or 0	GED A	gency:									
Schoo	l or Agency Add	ress:										
City:					State:					Zip:		
Schoo	l or Agency Pho	ne:	()								
Additio	nal Education:	List o	colleges, t	rades	schools,	or other	form o	of training	above	the hig	h school leve	l.
	e/ of School(s) Attended:		Addre	ess/Pho	one		mber of Fredit Iours	Type Degree o	of Diplo or Certifi		Major Su	bject
		()									
		()									
		()									
		()									
		1				,				Į.		
Comp	uter Skills?											
	nes or ment?											
Licens Certifi	ses or cations?											
addition	e list any onal training, or professional edge?											

EMPLOYMENT HISTORY

List your employment experience, beginning with your current or last position and work back. Include military experience and account for periods during which you were unemployed. This page may be copied if additional space is needed to account for all employment in the <u>last fifteen (15) years</u>

Are you pre	sently	employed?		Yes	N	0		
If yes, may	we cor	ntact your em	ployer?		Yes	No	L	ater
							ı	
Employer:						Start Date		End Date
Address:								
City:				State:			Zip:	
Phone: ()						
Position Titl	e:							
Starting Sal	erting Salary:			Ending Sala	ry:		No of h	ours I per wk
Supervisor's Name:	6				's			
Describe your duties:								
Reason for	Leavin	g:						
Employer:						Start Date		End Date
Address:								
City:				State:			Zip:	
Phone: ()						
Position Titl	e:							
Starting Sal	ary:		E	Ending Sala	ry:		No of h	ours I per wk
Supervisor's Name:	S				Supervisor Title:	's		
Describe your duties:								
Reason for	Leavin	g:						

				Start Date		End Date				
Employer:										
Address:			1							
City:		State:			Zip:					
Phone: ()		·								
Position Title:										
Starting Salary:	Endir	ng Salary	:	No of hours worked per wk						
Supervisor's Supervisor's Name: Supervisor's Title:										
Describe your duties:										
Reason for Leaving:										
				Start Date		End Date				
Employer:			-			2.13				
Address:			I							
City:		State:			Zip:					
Phone: ()	1	1			•					
Position Title:										
Starting Salary:	Endir	ng Salary	<i>'</i> :		No of h	nours I per wk				
Supervisor's Name:		S	Supervisor' itle:							
Describe your duties:										
Reason for Leaving:										

							Start Date		End Date				
Employe	er:												
Address:	:												
City:					State:			Zip	:				
Phone:	()										
Position	Title							T					
Starting Salary:		ry:		Endi	ng Sala				No of hours vorked per wk				
Supervis Name:	or's	S Supervisor's Title:											
Describe your duti													
Reason f	for L	eavin	g:										
							Start Date		End Date				
Employer:					Start Date								
Address:	:								1				
City:					State:			Zip	:				
Phone:	()										
Position	Title	•											
Starting		ry:		Endi	ng Sala		. 1	No of worke	hours d per wk				
Supervis Name:	or's					Supervisor Title:	'S						
Describe your duti													
Reason f	for L	eavin	g:										
Please e	ymer	nt his	tory:										
In the pa			have you ever been ment?	involu	untarily	terminated t	from a		Yes	No			
If yes, ex	kplair	n:											

REFERENCES List three (3)	references, excluding relatives.
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	Dates known	Address	Phor	ne	
			()	
			()	
			()	
ADDITIONAL INFOR feel may be helpful to the C	MATION In the space ity in arriving at a decision	e below, please provide ar on concerning your qualific	ny additional info cations for emp	ormation t loyment.	hat you
OPTIONAL INFORM	<u>ATION</u>				
OPTIONAL INFORMA MILITARY SERVICE	<u>ATION</u>				
				Yes	No
MILITARY SERVICE	ne U.S. Armed Forces?			Yes	No

PLEASE READ CAREFULLY BEFORE SIGNING / PRE-EMPLOYMENT STATEMENTS

I certify the statements made by me in this application are true, complete, and correct to the best of my knowledge, and are made by me in good faith. I understand that any falsifications, misrepresentations or omission of facts in this application may be cause for my elimination from consideration for hire, or, if already hired, cause for my dismissal, regardless of the time that elapses before such false information is discovered.

I understand that if chosen for employment I must undergo a drug test, and I may be required to undergo a job related physical requirements test, given at the city's expense.

I understand and agree that employees are "at-will" and employment with the City of Crowley is for no definite period of time and that wages, benefits, and conditions of employment can be changed at any time.

I understand that consideration of my employment in this position is contingent upon the result of a reference and background check.

I understand all employment eligibility is verified through the Department of Homeland Security with E-Verify®. E-Verify® is a registered trademark of the U.S. Department of Homeland Security.

<u>Pre-employment Drug Tests</u>: I hereby authorize the City of Crowley and its agents to conduct any urine drug tests they deem necessary. I understand that proper "chain of custody" procedures will be maintained and that the testing will be conducted by a NIDA Certified laboratory. I hereby authorize the release to the City of Crowley all results of any drug tests performed by any doctors, clinics, or laboratories to which I have been referred. This information is authorized to be used by the City of Crowley for the sole purpose of employment-related matters.

Release of Personal Data: I hereby authorize any investigator or duly accredited representative of the City of Crowley 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, credit, disciplinary, driving, arrest and conviction records and personal history. 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 and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I direct you to release such information upon request of the duly accredited representative of any authorized agency regardless of any agreement I may have previously made with you to the contrary.

I hereby release any individual, including records 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. A copy of this authorization shall be as effective as the original.

E-signature: I understand that if I am hired, it will be at the discretion of the Department Head, subject to the approval of Human Resources and the City Manager, per policy. I understand that City employment is "at will" which means that the City has no obligation to continue to employ me in the future.

By submitting my application on line, I am authorizing the City of Crowley to investigate and verify any representations made by me, either orally or in writing. I hereby release the City and any individual who provides or obtains information for this application from liability. I am also aware that my application is subject to the Texas open records law and may be released as a public document. I also understand that this application is the property of the City of Crowley and will become a part of my personnel file if I am hired. Misrepresentations or false statements will result in failure to be considered for employment and/or termination, if hired. This employment action may happen at any time, whether false information is discovered prior to or after employment. Applicants that are called for interviews will be required to sign a copy of their application at that time.

I have read and agree to t	he City's e-s	ignature policy.	Yes			No			
Applicant's Printed Name:									
Are you at least 18 years	old?	Yes		No					
Applicant's Signature:					Date:				
If applicant is under the age of 18, prior to pre-employment, drug screen and/or physical, a parent or guardian is required to sign									
Parent or Guardian Signa	ture:								

CITY OF CROWLEY

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

To the Applicant: The commitment of the City of Crowley to a policy of equal employment opportunity requires that certain information to be gathered and maintained for government record-keeping requirements only. This page will be detached from your application immediately upon receipt, and this information will not be used for making interviewing or hiring decisions.

Please Print or Typ	e:														
Last Name:					Fire	st:				Middle	9:				
Position applying	for:							Da	te applie	d:					
Date of Birth:									Male	,	Female				
	Stat	te			Numb	er									
Driver's License:								Ex	piration [Date:					
Type of License: A-CDL						B-CI	DL	•	Class	С					
Race/National O	igin:														
Hispanic or Latino								American Indian or Alaska Native							
White					Two or More Races										
Black or Af	rican A	mer	ican												
Native Hav	aiian c	r Ot	her Pa	acific	Island	ler									
Asian															
Education Level:						Į.									
Grade School:		1		2	3	4	5	6	7	8					
High School:		9)	10	11	12									
College:		1	2	2	3	4									
Graduate School:		1	2	2	3	4									
How did you hear	about	this	vacan	cy?											
Profession	al Orga	ıniza	tion					Wall	k-in						
Friend or R	elative							Colle	ege, Scho	ool					
City's Website							City Employee								
Newspape	-														