



CITY OF LAKE WORTH, TEXAS
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

It is the policy of the City of Lake Worth not to discriminate in its hiring or employment practices on the basis of race, sex, age, religion, national origin, genetic information, or disability.

PRINT IN BLACK INK OR TYPE. Fill out application completely, if questions are not applicable, enter 'N/A'. Do not leave questions blank. Be sure to sign when completed. Failure to do so could mean loss of employment opportunities. Resumes will not be accepted in lieu of applications, but may be included with the application.

The Immigration Reform and Control Act of 1986 requires that only American Citizens and aliens authorized to work in this country be employed. If hired, you will be required to show proof of citizenship or right to work in this country.

Position Applying For: _____

Last Name	First Name	Middle	Social Security Number
Street Address	City	State	Zip
<input type="checkbox"/> Full Time <input type="checkbox"/> Week Ends <input type="checkbox"/> Other _____ <input type="checkbox"/> Part-Time <input type="checkbox"/> Rotating Shifts			Home phone #
			Cell phone #
			Work phone #

Have you ever been employed by the City of Lake Worth? Yes No

If yes, show title of position held, department and period of employment: _____

Are you related to any employee of the City of Lake Worth, City Council, or any other Board or Commission member?

Yes No. If yes, list person and relationship: _____

EDUCATION AND TRAINING

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+

Name of High School:	City and State:	Are you a high school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of College if applicable:	City and State:	Did you Graduate from college? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Note Degrees and Types:	Total College Hours:
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Other Training Received: _____

MILITARY

Have you ever served in the U.S. Armed Forces? Yes No. If yes, specify branch: _____

Dates of Active Duty: From _____ To _____ Rank at Discharge _____ Type of Discharge: _____

CITIZENSHIP

Are you a U. S. Citizen? Yes No If no, do you have the legal right to work in the United States? Yes No

If not a U.S. Citizen, proof of the right to work in the United States must accompany this application.

DRIVING AND CONVICTION RECORD

Drivers License Number: _____ State: Type: _____ Expiration Date: _____

Have you been found guilty of any moving violations within the past 3 years? Yes No.

If yes, complete the following:

Charge	Date	Location

Have you ever been convicted of a crime? Yes No. (*Conviction of a crime will not automatically exclude you from employment, however omission of information will.*) If yes, complete the following:

Charge	Date	Location

KNOWLEDGE AND SKILLS

List your computer skills and software application experience: _____

List machines or equipment you have operated: _____

Special licenses or registrations: _____

List any additional technical skills or professional knowledge that would support your application: _____

REFERENCES

List at least 3 people who are not related to you who would have knowledge of your qualifications for this position, such as former co-workers, teachers, etc.

Name	Address	Telephone Number	Business or Occupation

EMPLOYMENT HISTORY

Start with your current or most recent position. Include any military experience and account for all periods of employment and unemployment. Employer addresses must be complete mailing addresses, including city, state, and zip code. This page may be copied if additional space is needed. May we contact your present employer? Yes No N/A

Employer:	Start Date			End Date		
	Month	Day	Year	Month	Day	Year
Address, City, State, & Zip:	Position/Title:					
Employer's Phone Number:	Current/Final Salary or Wages:					
Immediate Supervisor's Name:	Reason for Leaving:					
Summary of Duties						

Employer:	Start Date			End Date		
	Month	Day	Year	Month	Day	Year
Address, City, State, & Zip:	Position/Title:					
Employer's Phone Number:	Final Salary or Wages:					
Immediate Supervisor's Name:	Reason for Leaving:					
Summary of Duties						

Employer:	Start Date			End Date		
	Month	Day	Year	Month	Day	Year
Address, City, State, & Zip:	Position/Title:					
Employer's Phone Number:	Final Salary or Wages:					
Immediate Supervisor's Name:	Reason for Leaving:					
Summary of Duties						

Employer:	Start Date			End Date		
	Month	Day	Year	Month	Day	Year
Address, City, State, & Zip:	Position/Title:					
Employer's Phone Number:	Final Salary or Wages:					
Immediate Supervisor's Name:	Reason for Leaving:					
Summary of Duties						

ADDITIONAL INFORMATION

In the space below, provide any additional information that you feel may be helpful in the City's consideration of your application for employment.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

1. I certify that my answers to the above questions are true and complete to the best of my knowledge. Furthermore, I understand that any future employment is subject to termination if any of the above information is found to be false or inaccurate, regardless of the time that elapses before such false information is discovered.
2. I hereby agree to submit to medical examinations, including drug screens, both as a pre-employment condition of hiring, as well as condition of continued employment.
3. I understand that as a condition of employment, I will be required to furnish proof of age, and proof of the right to work in the United States.
4. I understand that an investigative report (including a Computerized Criminal History Verification) may be made and hereby authorize all persons, schools, companies, and consumer reporting agencies and other organizations to supply information concerning my background/previous employment and I release all such parties from all liability from any damages which may result from furnishing such information to the City of Lake Worth.
5. I understand that I have a right to disclosure of such information reported, as provided for by law. I understand and accept the conditions of this statement.
6. I understand employment with the City of Lake Worth is at-will and may be terminated at any time by either party.

Signature of Applicant

Date

DPS Computerized Criminal History (CCH) Verification

I, _____, have been notified that a computerized criminal 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 that 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.

Signature of Applicant

Date

City of Lake Worth
Agency Name

Agency Representative Name

Signature of Agency Representative

Date

For Agency Use Only

CCH Report Printed?

Yes No Initial _____

Purpose of CCH: _____

Hired? Yes No Initial _____

Date Printed: _____ Initial _____

Destroyed Date: _____ Initial _____

Retain in your files