

**CITY OF TRINIDAD
EMPLOYMENT APPLICATION**

INSTRUCTIONS

All applications for the City of Trinidad employment must be made on this form. This application form and its attachments are official property of the City of Trinidad and will not be returned. If more space is needed to give full answers or explanations attach additional pages. All information requested must be complete and accurate. A false, incomplete or misleading response may result in disqualification for employment.

Name: _____ Social Security No.: _____
Mailing Address: _____
Town: _____ State: _____ Zip Code: _____
Telephone No.: _____
Driver's Lic. No./State: _____
CDL: YES or NO

APPLICANT'S CERTIFICATION

I certify that all information contained on this application is true and complete to the best of my knowledge and belief. I understand that the employment process may include drug screening, work fitness examination, medical and psychological exam, and review of driving record. I give the City of Trinidad and its authorized agents permission to verify any job-related information given in connection with this application. All new hire applicants will be required to show proof of citizenship. I understand, if employed, that the City of Trinidad can change wages, benefits and conditions at any time. I further understand that my employment can be terminated, with or without cause, at any time at the discretion of the City, or myself. I further understand that no management official, other than the City Council, has the authority to enter into an agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

Applicant's signature: _____ Date: _____

City of Trinidad
212 Park Street
Trinidad, Texas 75163
903-778-2525

EQUAL OPPORTUNITY EMPLOYER

**CITY OF TRINIDAD EMPLOYMENT
212 PARK STREET
TRINIDAD, TEXAS 75163**

ANSWER ALL QUESTIONS - PLEASE PRINT

Applicants are considered for positions without regard to race, color, religion, sex, national origin, age, veteran status, or disability. The City of Trinidad may conduct preemployment qualification assessment testing. If you require accommodation for the testing process, you must notify Personnel when you submit your application.

Position applying for:

Applicants may be required to describe or demonstrate that they can perform job related functions.

Name:

(First)

(Middle)

(Last)

Address:

(Number/Street)

(City/Stat/Zip Code)

Telephone: _____ Alternate Phone: _____

Social Security No.: _____

Driver's License No.: _____

Please check all hours that you are available to work:

Full-time _____ Part-time _____ Temporary _____ Days _____ Evenings/nights _____ Weekends
_____ Shifts _____

Date available to start work:

Have you ever filed an application here before: yes () no () If yes, give date: _____

If you answer Yes to any of the following questions, please explain in full.

1. Are you now working for or have ever worked for another water district or City? _____

If yes, please explain:

2. Do you or does your spouse have any relatives presently working or holding office for the City of Trinidad? _____

If yes, please explain:

3. Are you on a lay-off and subject to recall? _____ If yes, please explain: _____

4. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? _____

If yes, please explain:

(If offered employment with the City of Trinidad you will be required within three (3) business days of beginning employment to produce original legal documents that establish your identity and employment eligibility.)

5. Are you a veteran of the U.S. Military Service? ____Yes ____ No If yes, Branch: _____

List any professional, trade, business or civic activities and offices held. (You may exclude any which indicate race, color, religion, sex or national original):

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever been bonded? _____

If yes, for which position(s): _____

Have you ever been convicted of a felony? _____ If yes, please list

convictions: _____

SPECIAL QUALIFICATIONS OR SKILLS: List qualifications and skills you may possess which are required for the job as stated in the job announcement, such as typing speed, ability to operate specialized machinery or equipment, or professional registration or licensing. Indicate any training you have had which is directly related to the job for which you are applying:

EMPLOYMENT EXPERIENCE

List employers starting with the most recent. Include military service or volunteer work. Exclude organization names which indicate race, color, religion, sex, or national origin.

May we contact your present employer? _____ Yes _____ No

Employer: _____

Job Title: _____

Street Address: _____

City/State/Zip: _____

Phone No.: _____

Supervisor: _____

Beginning Employment Date: _____

Ending Employment Date: _____

Starting Hourly Rate/Salary: _____

Ending Hourly Rate/Salary: _____

Work Performed:

Reason for leaving: _____

Employer: _____

Job Title: _____

Street Address: _____

City/State/Zip: _____

Phone No.: _____

Supervisor: _____

Beginning Employment Date: _____

Ending Employment Date: _____

Starting Hourly Rate/Salary: _____

Ending Hourly Rate/Salary: _____

Work Performed:

Reason for leaving:

Employer: _____

Job Title: _____

Street Address: _____

City/State/Zip: _____

Phone No.: _____

Supervisor: _____

Beginning Employment Date: _____

Ending Employment Date: _____

Starting Hourly Rate/Salary: _____

Ending Hourly Rate/Salary: _____

Work Performed:

Reason for leaving:

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

EDUCATION

High School: _____

Location: _____

Years Completed: (Circle) 9 10 11 12

Diploma: _____

College or University: _____

Location: _____

Years Completed: (Circle) 1 2 3 4

Degree: _____

Graduate or Professional: _____

Location: _____

Years Completed: (Circle) 1 2 3 4

Degree: _____

Describe Course of Study: _____

Honors Received:

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

APPLICANT'S STATEMENT

I CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

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 City of Trinidad.

Applicant's signature: _____ Date: _____

APPLICANT INFORMATION

Please complete the following information. Your cooperation is appreciated.

PLEASE PRINT

DATE: _____

Position applied for:

Referral Source:

_____ Advertisement

_____ Employment Agency

_____ Friend

_____ Received

_____ Notice in Mail

_____ Relative

_____ Walk-In

_____ Other (Specify)

Name

Last

First

Middle

Address:

Number Street

City/State

Zip Code

Telephone No.: _____ Area Code/Number: _____

The City of Trinidad will automatically check your motor vehicle record if you are applying for any job opening which may involve the operation of a vehicle on

public roads while conducting business for the City of Trinidad.

To expedite this process, please complete the following information:

Driver's License Number

State

Last Name

First Name

Middle

The appropriate valid State of Texas driver's license is required to operate a vehicle on public roads while conducting business for the City of Trinidad. Failure to meet City guidelines will result in rejection of application.