City of Hereford

P. O. Box 2277, Hereford, TX 79045

Application for Employment

PRINT IN BLACK INK OR TYPE. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank.** Be sure to sign when completed. The City of Hereford is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles and job numbers, but **each copy must have an original signature. Resumes will not be accepted in lieu of applications, but may be included with the completed application.** This application becomes public record and is subject to disclosure. All employees of the City of Hereford are employees at will and as such have no property interest in employment or any expectation of continued employment, promotion or any personal benefits including but not limited to sick leave, compensation time off and disability, life and group health insurance.

NAME _____ (____) _____
(Last) (First) (Middle) (Daytime Phone)

MAILING ADDRESS _____ (____) _____
(Number) (Street) (City) (State) (Zip Code) (Work Phone, Optional)

SOCIAL SECURITY NUMBER _____

Position:	Job Number:	Type of Employment: ☐ Full-time ☐ Part-time ☐ Temporary
Are you currently employed? ☐ Yes ☐ No		If yes, may we contact your employer? ☐ Yes ☐ No
Date Available for work?		Are you at least 16 years of age? ☐ Yes ☐ No
Do you have any relatives working for the City of Hereford? ☐ Yes ☐ No		If yes, list name and relationship:

Have your ever been convicted of a felony or subjected to deferred adjudication on a felony charge? ☐ Yes ☐ No If Yes, please explain _____
(Background checks are conducted on all new employees for the City of Hereford. A conviction may not disqualify you, but a false statement will.)

Education (Note: Applicants may be required to show proof of diploma, degree, transcripts, licenses, certifications and registrations.)

High School Graduate or GED? ☐ Yes ☐ No
If yes, list name and location of high school or GED Institute _____

Type of School	Name of School	Location	No. of Years	Graduated?	Degree
College				☐ Yes ☐ No	
College				☐ Yes ☐ No	
Vocational				☐ Yes ☐ No	
Vocational				☐ Yes ☐ No	

License/Certification	Date Issued	Date Expires	Issued by:	License No.

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, computer equipment, types of software/hardware, and mechanical equipment. _____

_____

_____

Employment History (List present or most recent positions first)

Name of Employer		Address	
Phone	Type of Business	Department	Position
Duties			
Name and position of immediate supervisor			
Date Employed	Date ended	Starting salary	Final salary
Reason for leaving			

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(1) I certify that all the information provided by me in connection with my application is true and complete. I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination. (2) I authorize any of the persons or organizations referenced in this application to give you all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

THIS APPLICATION MUST BE SIGNED _____

(Signature – Applicant) (Date)