



AN EQUAL OPPORTUNITY EMPLOYER

## CITY OF PAYNE SPRINGS

### EMPLOYMENT APPLICATION

19601 CR 2529  
PAYNE SPRINGS, TX 75156  
903-451-9229  
fax 903-451-6504

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Position Applying for:

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Full time/Part time

Date available to start:

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Name:

DOB:

Last

First

MI

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Address:

City:

State:

Zip:

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Phone:

Mobile:

Email:

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Driver's License #:

State:

Class:

Social Security #:

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Are you at least 18 years of age?

Yes:

No:

If no, please explain:

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How will you get to work?

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Are you willing to work any shift, including nights and weekends?

Yes:

No:

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If no, please state any limitations:

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If applicable, are you available to work overtime:

Yes:

No:

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Are you legally eligible for employment in the United States?

Yes:

No:

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Have you ever been convicted of any crime, including traffic violations?

Yes:

No:

if yes please describe:

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THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

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List any skills that may be useful for the job you are seeking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History**

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Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Start Salary: \_\_\_\_\_ End Salary: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
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Job Duties: \_\_\_\_\_  
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Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Start Salary: \_\_\_\_\_ End Salary: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Education & Training**

Did you graduate high school? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, last grade complete: \_\_\_\_\_ GED obtained: Yes: \_\_\_\_\_ No: \_\_\_\_\_

College/University/Trade Business/Correspondence	Major Area of Study	Number of years attended or Semester/Quarter Hours	Type of Degree/Certificate Granted

*Copies of transcripts and/or certificates/degrees received from formal education/training must be submitted if required for the job as stated in the official announcement of the vacancy*

**Other License/Certification/Registration:**

Type	Number	State	Expiration Date

Equipment or office machines you can operate: \_\_\_\_\_

Additional experience and/or training you have had which, in your opinion, would qualify you for the position you seek:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you related to anyone that works for the City: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes:

Name	Department	Relationship

Name	Department	Relationship

Military Service: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Branch: \_\_\_\_\_ Special Training: \_\_\_\_\_

**References**

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Name	Address	Phone #	Relationship
Name	Address	Phone #	Relationship
Name	Address	Phone #	Relationship

Please provide any other information that you believe should be considered:

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**IT IS THE RESPONSIBILITY OF THE APPLICANT TO READ THE FOLLOWING BEFORE SIGNING:**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize The City of Payne Springs to contact former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education. I also freely give my permission to the City of Payne Springs to run a complete background check before the position is awarded to any applicant.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Manager, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. moreover, no agent, representative, or employee of The City of Payne Springs, except in a specific written contract of employment signed on behalf of the organization by its Manager, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS

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Applicant Signature

Date