



AN EQUAL OPPORTUNITY EMPLOYER

CITY OF PAYNE SPRINGS

EMPLOYMENT APPLICATION

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

Position Applying for:

Full time/Part time

Date available to start:

Name:

DOB:

Last

First

MI

Address:

City:

State:

Zip:

Phone:

Mobile:

Email:

Driver's License #:

State:

Class:

Social Security #:

Are you at least 18 years of age?

Yes:

No:

If no, please explain:

How will you get to work?

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

Yes:

No:

If no, please state any limitations:

If applicable, are you available to work overtime:

Yes:

No:

Are you legally eligible for employment in the United States?

Yes:

No:

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

Yes:

No:

if yes please describe:

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

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

Employment History

Employer: _____ From: _____ To: _____
Address: _____ Supervisor: _____
Job Title: _____ Start Salary: _____ End Salary: _____
Job Duties: _____

Reason for leaving: _____ Phone #: _____

Employer: _____ From: _____ To: _____
Address: _____ Supervisor: _____
Job Title: _____ Start Salary: _____ End Salary: _____
Job Duties: _____

Reason for leaving: _____ Phone #: _____

Employer: _____ From: _____ To: _____
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

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

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

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

Applicant Signature

Date



CITY OF PAYNE SPRINGS

DIRECT DEPOSIT

via ACH

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

DIRECT DEPOSIT AUTHORIZATION FORM

Direct Deposit via ACH is the deposit of funds to a consumer's account, for example, payroll, employee expense reimbursement, government benefits, tax and other refunds, annuities, and interest payments.

I (we) hereby authorize _____ ("Company") to electronically credit my (our) account (and, if necessary, to electronically debit my (our) account to correct erroneous credits) as follows:

Select One:

_____ Checking Account

_____ Savings Account

at the depository financial institution named below ("Depository"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name: _____

Routing Number: _____

Account Number: _____

Name(s) on the Account: _____

Amount of credit(s) or method of determining amount of credit(s) _____

Date(s) and/or frequency of credit(s) _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY [insert manner of revocation, i.e., in writing, by phone, location, address, etc.] that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least [X _____ days/weeks] prior notice in order to cancel this authorization.

Name(s), please print _____

Signature(s) _____

Date: _____