

# CITY OF CROSBYTON APPLICATION FOR EMPLOYMENT

City Hall  
221 West Main  
Crosbyton, Texas 79322  
(806)675-2301  
(806) 675-7012 Fax

PLEASE COMPLETE ALL REQUESTED INFORMATION, INCLUDING ORIGINAL SIGNATURE. INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED.

DATE: \_\_\_\_\_

PART TIME   
FULL TIME   
TEMPORARY

POSITION APPLIED FOR: \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle Initial

Social Security #: \_ \_ - \_ - \_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

## GENERAL INFORMATION

List names of any relatives currently working for the City of Crosbyton: \_\_\_\_\_

Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

Have you been convicted of a felony? YES  NO   
*(Conviction will not necessarily disqualify an applicant from employment)*

If yes, please explain: \_\_\_\_\_

Are you currently employed? YES  NO

If so, may we contact your present employer? YES  NO

Do you have a valid Texas Driver's License? YES  NO  ID/DL#: \_\_\_\_\_

In the last three years, have you been convicted of any traffic violations? YES  NO

If yes, please explain: \_\_\_\_\_

## EDUCATION

	Name of School	Location	Course of Study	Degree Received	Years
High School/GED					
Vocational/Trade					
College/University					
College/University					
College/University					

Have you ever worked or attended school under any other name? YES  NO

If so, list the name or names used: \_\_\_\_\_

## PROFESSIONAL LICENSE/REGISTRATION/CERTIFICATIONS

Profession or Trade: \_\_\_\_\_

Number: \_\_\_\_\_ Issued By: \_\_\_\_\_ Expires: \_\_\_\_\_

**LIST MOST CURRENT EMPLOYMENT FIRST – PLEASE FILL IN ALL OF THE BLANKS, INCOMPLETE APPLICATIONS MAY BE DISQUALIFIED.**

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_

Position \_\_\_\_\_ Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_

Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_

Position \_\_\_\_\_ Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_

Position \_\_\_\_\_ Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Name of Employer _____				
Address _____				
	Street	City	State	Zip
Phone # _____		Supervisor _____		
Position _____		Dates of Employment		From _____ To _____
Duties _____				
_____				
_____				
_____				
Reason for leaving _____				
Beginning Salary _____		Ending Salary _____		

ADDITIONAL SPACE HAS BEEN PROVIDED ON THE BACK OF THIS SHEET TO LIST ADDITIONAL EMPLOYMENT HISTORY INFORMATION.

**ADDITIONAL INFORMATION**

Please summarize special job-related skills/qualifications acquired from employment or other experience that are related to the position for which you applied. State any information you feel may be helpful to us in considering your application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE**

I certify that the information in this application is true and complete. I understand that any falsification or significant omission of information in this application may result in refusal of employment or immediate discharge from employment. I authorize the investigation of any or all statements contained in this application and release any person, school, current employer, past employers and organizations from any legal liability in making such statement. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Thank You For Your Interest In Employment With The City Of Crosbyton  
The City of Crosbyton Is An Equal Opportunity Employer*

***THE CITY OF CROSBYTON IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT PRACTICE OR PERMIT DISCRIMINATION IN EMPLOYMENT BASED UPON RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, DISABILITY, AGE OR VETERANS STATUS. ALL QUALIFIED APPLICANTS WILL BE GIVEN EQUAL OPPORTUNITY. SELECTION DECISIONS ARE BASED ON JOB-RELATED FACTORS.***

***THE CITY OF CROSBYTON PROMOTES A HEALTHY AND SAFE WORK CLIMATE TO CREATE AN ENVIRONMENT WHERE EXCELLENCE OF PERFORMANCE AND TEAM ACHIEVEMENT FLOURISH.***