

# **Application for Employment**

**City of Collinsville**

**P. O. Box 649 / 101 North Main Street**

**Collinsville, TX 76233-0649**

**Phone: 903-429-6225 / Fax: 903-429-3059**

PLEASE PRINT

Date of application \_\_\_\_\_

Position (s) applied for \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth Date: \_\_\_\_\_

- 1) Have you filed an application with the City of Collinsville before? \_\_\_\_\_  
If you answered yes, give date the application was filed. \_\_\_\_\_
- 2) Have you been employed by the City of Collinsville before? \_\_\_\_\_  
If you answered yes, give date of last day employment with the City. \_\_\_\_\_
- 3) Are you currently employed? \_\_\_\_\_  
If you answered yes, may we contact your current employer? \_\_\_\_\_
- 4) Are you prevented from lawfully being employed in this country because of Visa or immigration status? \_\_\_\_\_ (Proof of citizenship or immigration status must be presented)
- 5) On what date would you be available for work? \_\_\_\_\_  
Are you available to work FULL TIME  PART TIME  SHIFT WORK
- 6) Are you currently on layoff and subject to recall? \_\_\_\_\_
- 7) Can you travel if job requires it? \_\_\_\_\_
- 8) Have you been convicted of a felony within the past seven (7) years? \_\_\_\_\_  
(conviction will not necessarily disqualify from employment)  
If you answered yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
- 9) Are you a veteran of the U.S. Military service? \_\_\_\_\_
- 10) Give name, address and telephone number of three references that are not related to you and are not previous employers. \_\_\_\_\_  
\_\_\_\_\_

## **EDUCATION LEVEL**

School Name            Elementary            /            High School            /            College            /            Professional

Years Completed  
(Please Circle) 4 5 6 7 8    /    9 10 11 12    /    1 2 3 4    /    1 2 3 4

Special Diplomas or Degrees: \_\_\_\_\_

Describe special training or skills that you have obtained: \_\_\_\_\_

Indicate languages that you can:

Speak: \_\_\_\_\_

Read: \_\_\_\_\_

Write: \_\_\_\_\_

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I certify that the information written on this application for employment is true and complete to the best of my knowledge.

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

In the event of employment, I understand that false or misleading information given in my application for employment or interview may result in being discharged or terminated. I also understand that I am required to abide by all rules and regulations of the City of Collinsville.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

**EMPLOYMENT RECORD**

Please provide a list of your former employers beginning with your most recent or present job listed first and prior jobs listed in descending order.

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Employer \_\_\_\_\_ Telephone # ( \_\_\_\_\_ )  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Type Work Performed \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Telephone # ( \_\_\_\_\_ )  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Type Work Performed \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Telephone # ( \_\_\_\_\_ )  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Type Work Performed \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Telephone # ( \_\_\_\_\_ )  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Type Work Performed \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**APPLICANT DATA RECORD**

Solely to help the City of Collinsville comply with government record keeping, reporting and other legal requirements, please complete this applicant data record.

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PLEASE PRINT

Date:

Position Applied For:

Referral Source:

Advertisement  Friend  Relative  Walk-In   
Employment Agency  Other

Name \_\_\_\_\_  
Last First Middle

Telephone: \_\_\_\_\_

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

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CHECK ONE

Male  Female

Race/Ethnic Group: White  Black  Hispanic   
American Indian/Alaskan Native  Other

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CHECK ONE IF APPLICABLE

Veteran  Disabled Veteran  Handicapped