



An Equal Opportunity Employer

# Application For Employment

City of Ennis, P.O. Box 220, Ennis, Texas 75120

Please Print. Application will not be considered unless completed in full and signed. Withheld and/or false information are cause for rejection or dismissal. All applications become inactive after the position is filled.

Date \_\_\_\_\_ Position Desired \_\_\_\_\_

Do you desire  full or  part-timed work? If part-time, what hours? \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (Month/Day/Year)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: ( ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Area Code

Driver's License No. \_\_\_\_\_ Expires: \_\_\_\_\_

State Issued: \_\_\_\_\_ TYPE: (circle one) A B C

Person to be notified in case of emergency: \_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Address) (City, State, Zip) (Telephone-Area Code)

- 1. Have you applied for employment with the City of Ennis before?  Yes  No Date: \_\_\_\_\_
- 2. Are you now or have you ever worked for the City of Ennis?  Yes  No Date: \_\_\_\_\_
- 3. Are you a citizen of the United States?  Yes  No
- 4. Have you ever been discharged or asked to resign because of unsatisfactory conduct or performance of duties?  Yes  No
- 5. Have you ever been convicted of a crime?  Yes  No

If yes, Explain: \_\_\_\_\_  
A criminal record will not necessarily disqualify you from employment. Your case will be considered in relationship to the requirement of the particular job.

6. Are you or your relatives related to any member of the City Commission or any person employed by the City of Ennis?  Yes  No

\_\_\_\_\_  
(Name) (Relation) (Position)

7. Have you served in the armed forces or national guard of the United States?  Yes  No

If yes, please complete the following:

Branch \_\_\_\_\_ Date Entered \_\_\_\_\_

Date Discharged \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

List your specific training and duties: \_\_\_\_\_

\_\_\_\_\_

# Employment Experience

List each job held. Start with your Current or Last job. Include Military service assignments and volunteer activities.  
(Exclude groups which indicate race, color, religion, sex, disability or national origin.)

**\*CURRENT EMPLOYER** \_\_\_\_\_ Supervisor \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Your Position Title & Duties \_\_\_\_\_

\_\_\_\_\_

Reason for desiring change: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Starting Salary: \_\_\_\_\_

Ending Salary: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_

**\*LAST EMPLOYER** \_\_\_\_\_ Supervisor \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Your Position Title & Duties \_\_\_\_\_

\_\_\_\_\_

Indicate Reason for Leaving:  Resigned  Discharged  Lay-off  Other

Explain reason for leaving: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Starting Salary: \_\_\_\_\_

Ending Salary: \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER** \_\_\_\_\_ Supervisor \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Your Position Title & Duties \_\_\_\_\_

\_\_\_\_\_

Indicate Reason for Leaving:  Resigned  Discharged  Lay-off  Other

Explain reason for leaving: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Starting Salary: \_\_\_\_\_

Ending Salary: \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER** \_\_\_\_\_ Supervisor \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Your Position Title & Duties \_\_\_\_\_

\_\_\_\_\_

Indicate Reason for Leaving:  Resigned  Discharged  Lay-off  Other

Explain reason for leaving: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Starting Salary: \_\_\_\_\_

Ending Salary: \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER** \_\_\_\_\_ Supervisor \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Your Position Title & Duties \_\_\_\_\_

\_\_\_\_\_

Indicate Reason for Leaving:  Resigned  Discharged  Lay-off  Other

Explain reason for leaving: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Starting Salary: \_\_\_\_\_

Ending Salary: \_\_\_\_\_

# Education

Did you graduate from high school or receive an equivalent diploma?

- Yes High School; When: \_\_\_\_\_ GPA: \_\_\_\_\_
- Yes G.E.D.; When: \_\_\_\_\_
- No Last Grade Completed: \_\_\_\_\_

High School: \_\_\_\_\_  
 (Name) (Address)

Education: Circle highest grade completed.																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19+

Vocational or Trade School (Name/Address)	Dates of Attendance	Area of Study		Certificate Received	Date Received					
		Major	Minor		Degree Recieved					
College or University (Name/Address)	Dates of Attendance	Major	Minor	Hours Completed			Degree Recieved			
				Major	Minor	Other	Title	Date	GPA	

List professional or technical licenses, registrations, certificates or memberships you possess. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any manufacturing or construction equipment or machines you operate (include office equipment if applicable.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experience that relates to this position.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can you perform essential physical requirements as stated in the job description? Yes  No

**REFERENCES**

Give the names and telephone numbers of three (3) persons, other than relatives, who have knowledge of your character, experience, or ability:

Name	Occupation, Position	Telephone (Area Code)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

In relation to the education and experience record you have provided, please explain in detail any time lapses due to unemployment or other reasons. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS IT IS SIGNED AND ALL QUESTIONS ANSWERED**

- 1. The information that I have provided on this application is accurate to the best of my knowledge and subject to validation by the City of Ennis.
- 2. I hereby authorize any person holding information on me to release it to the City of Ennis if so requested in consideration of my application for employment.
- 3. I understand and agree that:
  - (a) The city will not be liable and I hereby hold harmless the City of Ennis from any claim in my behalf for any damage which may result from furnishing the information requested above.
  - (b) Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal or, if employed, termination from City of Ennis employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview  Yes  No

Schedule: \_\_\_\_\_  
Date/Time

If No, reason:

- Incomplete Application
- Driver License Invalid
- Uninsurable under City Insurance due to driving record.
- Nepotism
- Does not meet required minimum qualifications for position.
- Withheld and/or false information on application.
- Other \_\_\_\_\_

\_\_\_\_\_

BY: \_\_\_\_\_  
Director of Personnel

Date: \_\_\_\_\_