



**DESIRED EMPLOYMENT**

Position Applying for		Date you can start
Are you seeking	Summer <input type="checkbox"/>	Are you, or have you been, employed by the City of Granbury? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when? _____
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Seasonal <input type="checkbox"/>	

Do you have any relatives employed with the City of Granbury? If yes, list names _____
--

**EDUCATION**

<b>SCHOOL LEVEL</b>	<b><u>Name and Location of School</u></b>	<b><u>Dates Attended</u></b>	<b><u>Major/Minor</u></b>	<b><u>Degree Received</u></b>
<b>HIGH SCHOOL</b>				
<b>COLLEGE</b>				
<b>COLLEGE</b>				
<b>TRADE SCHOOL</b>				

**MILITARY HISTORY**

Branch of Service _____	Dates Served _____
Highest Rank _____	

**REFERENCES**

Please list three personal references (not former employers or relatives).

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Years Acquainted</u>

**SKILLS**

<b>OFFICE SKILLS</b>	<input type="checkbox"/> Windows	<input type="checkbox"/> MS Word	<input type="checkbox"/> MS Excel	<input type="checkbox"/> 10-Key
	<input type="checkbox"/> Other	Estimated Keyboard Speed: _____		
<b>SPECIAL CERTIFICATIONS</b>	_____			
	_____			
<b>SPECIAL SKILLS</b>	_____			
	_____			
<b>SPECIAL INTEREST/PROFESSIONAL GROUPS</b>	_____			
	_____			

**EMPLOYMENT HISTORY**

<b>Name of Present or Last Employer</b>			
Address		City, State and Zip code	
Job Title		Supervisor's Name	May we contact him/her? YES <input type="checkbox"/> NO <input type="checkbox"/>
Supervisor's Job Title		Supervisor's Phone	
Starting Date		Leaving Date	
Starting Salary/Wage		Final Salary/Wage	
Description of Work			
Reason for Leaving			

<b>Name of Previous Employer</b>			
Address		City, State and Zip code	
Job Title		Supervisor's Name	May we contact him/her? YES <input type="checkbox"/> NO <input type="checkbox"/>
Supervisor's Job Title		Supervisor's Phone	
Starting Date		Leaving Date	
Starting Salary/Wage		Final Salary/Wage	
Description of Work			
Reason for Leaving			

**EMPLOYMENT HISTORY (continued)**

<b>Name of Previous Employer</b>			
Address		City, State and Zip code	
Job Title		Supervisor's Name	May we contact him/her? YES <input type="checkbox"/> NO <input type="checkbox"/>
Supervisor's Job Title		Supervisor's Phone	
Starting Date		Leaving Date	
Starting Salary/Wage		Final Salary/Wage	
Description of Work			
Reason for Leaving			

<b>Name of Previous Employer</b>			
Address		City, State and Zip code	
Job Title		Supervisor's Name	May we contact him/her? YES <input type="checkbox"/> NO <input type="checkbox"/>
Supervisor's Job Title		Supervisor's Phone	
Starting Date		Leaving Date	
Starting Salary/Wage		Final Salary/Wage	
Description of Work			
Reason for Leaving			

**-- AUTHORIZATION FOR BACKGROUND INFORMATION --**

**GENERAL RELEASE:**

I HEREBY AUTHORIZE, WITHOUT RESERVATION, THE CITY OF GRANBURY TO INVESTIGATE, NOW AND DURING MY EMPLOYMENT WITH THE CITY, IF APPLICABLE, MY PAST EMPLOYMENT, EDUCATION AND ACTIVITIES. I SIMILARLY AUTHORIZE THE CITY TO REQUEST AND RECEIVE ANY INFORMATION CONCERNING ME, INCLUDING BUT NOT LIMITED TO CRIMINAL HISTORY, CONSUMER REPORTS, CREDIT REPORTS, AND PUBLIC RECORDS, FROM ANY PERSONS, ENTITIES, SCHOOLS, COMPANIES, CORPORATIONS, PARTNERSHIPS, ASSOCIATIONS, CREDIT BUREAUS, CONSUMER REPORTING AGENCIES, STATE AGENCIES, DEPARTMENTS OF LABOR, LAW ENFORCEMENT AGENCIES, LICENSING AGENCIES, AND FROM MY PREVIOUS EMPLOYERS.

A "CONSUMER REPORT" REFERS TO ANY INFORMATION BEARING ON AN INDIVIDUAL'S CREDITWORTHINESS, CREDIT STANDING, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION OR PERSONAL CHARACTERISTICS. FOR EXAMPLE, IT INCLUDES (BUT IS NOT LIMITED TO) A CRIMINAL RECORDS CHECK.

I FURTHER RELEASE, DISCHARGE, AND HOLD HARMLESS THE CITY OF GRANBURY, TEXAS AND ALL OF ITS AGENTS, ANY PERSONS, LAW ENFORCEMENT AGENCIES, SCHOOLS, OR PERSONAL/BUSINESS ENTITIES AND THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES AND AGENTS OF ANY KIND FROM ANY AND ALL CLAIMS, LIABILITY, DAMAGES AND RESPONSIBILITY OF WHATEVER KIND OR NATURE, ARISING OUT OF OR IN CONNECTION WITH ANY ACT OR OMISSION IN ANY SUCH INVESTIGATION OR COMPLIANCE WITH THIS AUTHORIZATION AND REQUEST TO RELEASE INFORMATION, OR ANY ATTEMPT TO COMPLY WITH IT. THIS PARAGRAPH APPLIES TO ANY NEGLIGENCE, SOLE NEGLIGENCE, COMPARATIVE NEGLIGENCE, CONCURRENT NEGLIGENCE, ERROR, OR OMISSION.

I HAVE VOLUNTARILY SIGNED THIS RELEASE TO ASSIST IN THE EVALUATION OF MY EMPLOYMENT QUALIFICATIONS AND, IF EMPLOYED, TO ASSIST IN THE DETERMINATION OF WHETHER I HAVE VIOLATED ANY CITY OF GRANBURY POLICY OR ACTED ADVERSELY TO THE INTERESTS OF THE CITY OF GRANBURY. I UNDERSTAND AND AGREE THAT THIS MEANS THAT A BACKGROUND INVESTIGATION MAY BE CONDUCTED BY THE CITY OF GRANBURY PRIOR TO BEING OFFERED A POSITION, AFTER BEING OFFERED A POSITION, AND DURING MY EMPLOYMENT.

I AGREE THAT IF ANY INVESTIGATION AT ANY TIME REVEALS THAT I PROVIDED FALSE INFORMATION TO OR OMITTED INFORMATION FROM THE CITY OF GRANBURY (INCLUDING, BUT NOT LIMITED TO, MY APPLICATION, RESUME OR INTERVIEW), THEN THE APPLICATION PROCESS MAY BE HALTED, ANY OFFER OF EMPLOYMENT MAY BE WITHDRAWN, OR IF EMPLOYED, DISCIPLINARY ACTION MAY OCCUR, INCLUDING TERMINATION OF EMPLOYMENT WITH THE CITY OF GRANBURY, WITHOUT LIABILITY.

I UNDERSTAND THAT IF THE CITY OF GRANBURY USES INFORMATION FROM A CONSUMER REPORT FOR AN ADVERSE ACTION - FOR EXAMPLE, DENYING EMPLOYMENT TO ME, OR IF I AM EMPLOYED, TERMINATING MY EMPLOYMENT - THE CITY OF GRANBURY WILL TAKE THE FOLLOWING TWO STEPS.

- BEFORE THE ADVERSE ACTION IS TAKEN, THE CITY WILL PROVIDE A "PRE-ADVERSE ACTION DISCLOSURE" THAT INCLUDES A COPY OF THE CONSUMER REPORT AND AN EXPLANATION OF THE LAW.
- AFTER THE ADVERSE ACTION IS TAKEN, THE CITY WILL PROVIDE AN "ADVERSE ACTION NOTICE." THIS DOCUMENT WILL CONTAIN THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE CONSUMER REPORTING AGENCY BACKGROUND CHECK COMPANY, A STATEMENT THAT THE COMPANY DID NOT MAKE THE ADVERSE DECISION BUT THAT THE CITY DID, AND A NOTICE THAT I HAVE THE RIGHT TO DISPUTE THE ACCURACY OR COMPLETENESS OF ANY OF THE INFORMATION IN THE REPORT.

I AGREE THAT A TELEPHONIC FACSIMILE OR PHOTOGRAPHIC COPY OF THIS RELEASE SHALL BE AS VALID AS THE ORIGINAL

I, \_\_\_\_\_, HEREBY AUTHORIZE AND ACCEPT THESE TERMS AND CONDITIONS, ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 200\_.

**-- TERMS AND CONDITIONS --**

I CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT FALSE OR MISLEADING STATEMENTS, OR THE OMISSION OF ANY INFORMATION NECESSARY TO MAKE THIS APPLICATION COMPLETE, MAY RESULT IN THE REJECTION OF MY APPLICATION FOR EMPLOYMENT OR, IF HIRED, IN MY DISMISSAL.

I UNDERSTAND THAT NO EMPLOYMENT IS BEING OFFERED TO ME BY MY COMPLETION OF THIS APPLICATION. I ALSO UNDERSTAND THAT IF I AM HIRED, MY EMPLOYMENT WITH THE CITY OF GRANBURY WILL BE "AT WILL." I UNDERSTAND THAT THE PHRASE "AT WILL" MEANS THAT THE CITY OF GRANBURY IS ALLOWED TO CHANGE THE CONDITIONS OF MY EMPLOYMENT, UP TO AND INCLUDING MY INVOLUNTARY TERMINATION, AT ANY TIME AND FOR ANY REASON, AND THAT SIMILARY, I MAY RESIGN AT ANY TIME AND FOR ANY REASON. I UNDERSTAND THAT THIS "AT WILL" RELATIONSHIP MAY NOT BE CHANGED, EITHER VERBALLY OR BY ANY WRITTEN DOCUMENT, UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY THE CITY MANAGER.

I ALSO UNDERSTAND THAT NOTHING CONTAINED IN THIS APPLICATION OR IN THE GRANTING OF AN INTERVIEW CREATES A CONTRACT BETWEEN GRANBURY AND MYSELF, EITHER FOR EMPLOYMENT OR FOR THE PROVIDING OF BENEFITS.

I FURTHER UNDERSTAND THAT SHOULD I BE OFFERED EMPLOYMENT, MY EMPLOYMENT IS SUBJECT TO SUCCESSFUL COMPLETION OF ANY APPLICABLE PHYSICAL AS WELL AS DRUG SCREENING, AS PERMITTED BY THE AMERICANS WITH DISABILITIES ACT AND OTHER APPLICABLE LAW.

IF I AM HIRED, I AGREE TO ABIDE BY ALL POLICIES AND PROCEDURES OF THE CITY OF GRANBURY.

IF I AM HIRED, I AGREE TO RETURN ALL PROPERTY OF THE CITY OF GRANBURY, INCLUDING BUT NOT LIMITED TO UNIFORMS, TOOLS, AND EQUIPMENT. IN THIS CONNECTION, I AUTHORIZE THE CITY OF GRANBURY TO WITHHOLD FROM MY WAGES A SUM OF MONEY EQUAL TO THE VALUE OF THE PROPERTY NOT RETURNED.

I HEREBY AUTHORIZE THE CITY OF GRANBURY TO INVESTIGATE ALL FACTS CONTAINED IN MY APPLICATION FOR EMPLOYMENT. I ALSO AUTHORIZE THE RELEASE OF ANY AND ALL INFORMATION BY MY PRESENT AND PAST EMPLOYERS, WHEREVER LOCATED, WHICH MAY BE REQUIRED FOR A REFERENCE CHECK. I FURTHER AUTHORIZE ALL OF MY PREVIOUS EMPLOYERS AND CURRENT EMPLOYER TO GIVE ANY AND ALL INFORMATION CONCERNING MY EMPLOYMENT AND ANY OTHER PERTINENT INFORMATION WHICH SAID EMPLOYERS MAY HAVE, PERSONAL OR OTHERWISE, AND I RELEASE ALL PARTIES FROM ALL LIABILITIES FOR ANY DAMAGES WHICH MAY RESULT FROM THE FURNISHING OF SAID INFORMATION. A TELEPHONIC FACSIMILE OR PHOTOGRAPHIC COPY OF THESE TERMS AND CONDITIONS, INCLUDING THE RELEASE, SHALL BE AS VALID AS THE ORIGINAL.

**APPLICANT'S ACCEPTANCE:**

I, \_\_\_\_\_, HEREBY ACCEPT THESE TERMS AND CONDITIONS, ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 200\_.

If you are completing this form electronically you must enter your electronic signature then after saving a copy of the completed form for your records email the saved file to [hresources@granbury.org](mailto:hresources@granbury.org)

**CITY OF GRANBURY**  
116 West Bridge Street  
Granbury, TX 76048  
Phone (817) 573-1114 • Fax (682) 498-8003  
[www.granbury.org/city](http://www.granbury.org/city)

The City of Granbury is an Equal Opportunity Employer of qualified individuals.

## The CITY OF GRANBURY Is an EQUAL OPPORTUNITY EMPLOYER

We are interested in finding out just how good, or how poor, a job we are doing as an Equal Opportunity Employer.

The information you provide us will be used to study recruiting and employment patterns, and to determine whether Information about city job openings is reaching all segments of the community.

Please give us your cooperation by completing this questionnaire and returning it with your application.

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Last First Middle

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Title of Job Applying For: \_\_\_\_\_

**Is This Job:** • Regular • Full-Time • Temporary, Full-Time • Part-Time • Volunteer

**Check One:**

- Male
- Female

**Birth Date:**

Mo. Day Yr.

**Check Highest Level of Education Completed**

- 0-5 Grade
- 6-8 Grade
- 9-11 Grade
- High School
- Grad or GED
- Jr College
- College
- Bachelors Deg
- Master Degree
- Law Degree
- Doctoral

**Check One:**

- White
- Asian American
- Black
- American Indian
- Other

**How Did You Learn About This Job?**

- Newspaper
- City Employee
- Internet
- City Personnel Office
- Employment Agency or TWC

If you are completing this form electronically please chose save as when complete and save a copy of the completed form for your records and then email the saved form file to [hresources@granbury.org](mailto:hresources@granbury.org).

**DPS Computerized Criminal History (CCH) Verification**  
**(AGENCY COPY)**

I, \_\_\_\_\_, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	