

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

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> 0-5 Grade | <input type="checkbox"/> College |
| <input type="checkbox"/> 6-8 Grade | <input type="checkbox"/> Bachelors Deg |
| <input type="checkbox"/> 9-11 Grade | <input type="checkbox"/> Master Degree |
| <input type="checkbox"/> High School | <input type="checkbox"/> Law Degree |
| <input type="checkbox"/> Grad or GED | <input type="checkbox"/> Doctoral |
| <input type="checkbox"/> Jr College | |

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



FAILURE TO FULLY COMPLETE THE INFORMATION REQUESTED ON THIS APPLICATION WILL ELIMINATE YOU FROM FURTHER CONSIDERATION.

PERSONAL INFORMATION

Name (Last, First, Middle Initial)			Social Security Number	Driver license number, state and classification:
Present Address			Apt. No.	City
State	Zip Code	Phone Number ()	Only United States citizens or aliens who are legally entitled to work in the United states are eligible for employment. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the United States? YES NO	
Email address:				
In case of an emergency, notify			Address	Phone

HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR HAVE YOU EVER BEEN CONVICTED OF PUBLIC INDECENCY OR A VIOLATION OF THE TEXAS CONTROLLED SUBSTANCES ACT, OR HAVE YOU EVER PLEAD GUILTY OR NO CONTEST TO A CRIMINAL ACT, OR HAVE YOU EVER BEEN PLACED ON PROBATION OR HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED, OR HAVE YOU EVER BEEN NOTIFIED OF ANY EXCLUSION OR SANCTIONING BY A FEDERAL PROGRAM?

NOTE: A POSITIVE RESPONSE TO THE PREVIOUS QUESTION WILL NOT NECESSARILY PREVENT YOU FROM BEING CONSIDERED FOR EMPLOYMENT. THE CITY OF GRANBURY WILL CONSIDER THE OFFENSE FOR WHICH YOU WERE CONVICTED, THE CIRCUMSTANCES SURROUNDING THE CONVICTION, AND THE DATE OF THE CONVICTION AS FACTORS IN MAKING ITS HIRING DECISION.

YES NO

IF YOUR ANSWER TO ANY OF THE ABOVE IS "YES," PLEASE GIVE DETAILS, INCLUDING DATES:

DESIRED EMPLOYMENT

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

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

EDUCATION

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

MILITARY HISTORY

Branch of Service _____	Dates Served _____
Highest Rank _____	

REFERENCES

Please list three professional references:

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

SKILLS

OFFICE SKILLS:	<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: _____			
CERTIFICATIONS:	_____			

SPECIAL SKILLS:	_____			

SPECIAL INTERESTS and PROFESSIONAL GROUPS:	_____			

EMPLOYMENT HISTORY

Name of Present or Last Employer:			
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:			

Name of Previous Employer:			
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)

Name of Previous Employer:	
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:	

Name of Previous Employer:	
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 _____, 20__.

-- 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 CELLPHONES, COMPUTERS, KEYS, 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 _____, 20_.

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

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

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

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

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(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

**Please:
Check and Initial each Applicable Space**

CCH Report Printed:

YES _____ NO _____ _____ initial

Purpose of CCH: _____

Empl ___ Vol/Contractor ___ _____ initial

Date Printed: _____ _____ initial

Destroyed Date: _____ _____ initial

Retain in your files