

**CITY OF HUBBARD, TEXAS**  
**APPLICATION FOR EMPLOYMENT**

PHONE# (254) 576-2576  
FAX# (254) 576-2421

PLEASE TYPE OR PRINT

NAME: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

DRIVER LICENSE # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

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

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

HAVE YOU EVER PLEADED "GUILTY" OR "NO CONTEST" TO,, OR BEEN CONVICTED OF A FELONY? \_\_\_YES \_\_\_NO

TRAINING AND CERTIFICATION: \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES OR HAVE THE RIGHT TO WORK IN THE USA? \_\_\_\_\_ ARE YOU OF LEGAL AGE TO WORK? \_\_\_\_\_  
IF EMPLOYED, WHEN CAN YOU BEGIN? \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

**HIGH SCHOOL:**

NAME AND LOCATION: \_\_\_\_\_

DID YOU GRADUATE? \_\_\_YES\_\_\_ NO\*\*\*\*\*DATE: \_\_\_\_\_

DEGREE OR DIPLOMA: \_\_\_\_\_

**COLLEGE:**

NAME AND LOCATION: \_\_\_\_\_

COURSE OF STUDY: \_\_\_\_\_

DID YOU GRADUATE? \_\_\_YES\_\_\_ NO\*\*\*\*\*DATE: \_\_\_\_\_

DEGREE OR DIPLOMA: \_\_\_\_\_

**GRADUATE SCHOOL:**

NAME AND LOCATION: \_\_\_\_\_

COURSE OF STUDY: \_\_\_\_\_

DID YOU GRADUATE? \_\_\_YES\_\_\_ NO\*\*\*\*\*DATE: \_\_\_\_\_

DEGREE OR DIPLOMA: \_\_\_\_\_

**VOCATIONAL TRAINING/OTHER:**

NAME AND LOCATION: \_\_\_\_\_

COURSE OF STUDY: \_\_\_\_\_

DID YOU GRADUATE? \_\_\_YES\_\_\_ NO\*\*\*\*\*DATE: \_\_\_\_\_

DEGREE OR DIPLOMA: \_\_\_\_\_

**CONTINUING EDUCATION COURSES:** \_\_\_\_\_  
\_\_\_\_\_

**COMPUTER SKILLS** (check appropriate items. Include software titles and years of experience.)

\_\_ Word Processing \_\_\_\_\_ Years: \_\_\_\_\_

\_\_ Spreadsheet \_\_\_\_\_ Years: \_\_\_\_\_

\_\_ Presentation \_\_\_\_\_ Years: \_\_\_\_\_

\_\_ E-Mail \_\_\_\_\_ Years: \_\_\_\_\_

\_\_ Internet \_\_\_\_\_ Years: \_\_\_\_\_

\_\_ Other \_\_\_\_\_ Years: \_\_\_\_\_

**PREVIOUS EMPLOYERS (List most recent and include last 5 years)**

1. **COMPANY NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_  
**CONTACT NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_  
**EMPLOYED FROM:** \_\_\_\_\_ **TO** \_\_\_\_\_ **POSITION:** \_\_\_\_\_  
**REASON FOR LEAVING:** \_\_\_\_\_ **LAST WAGE:** \_\_\_\_\_
2. **COMPANY NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_  
**CONTACT NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_  
**EMPLOYED FROM:** \_\_\_\_\_ **TO** \_\_\_\_\_ **POSITION:** \_\_\_\_\_  
**REASON FOR LEAVING:** \_\_\_\_\_ **LAST WAGE:** \_\_\_\_\_
3. **COMPANY NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_  
**CONTACT NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_  
**EMPLOYED FROM:** \_\_\_\_\_ **TO** \_\_\_\_\_ **POSITION:** \_\_\_\_\_  
**REASON FOR LEAVING:** \_\_\_\_\_ **LAST WAGE:** \_\_\_\_\_
4. **COMPANY NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_  
**CONTACT NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_  
**EMPLOYED FROM:** \_\_\_\_\_ **TO** \_\_\_\_\_ **POSITION:** \_\_\_\_\_  
**REASON FOR LEAVING:** \_\_\_\_\_ **LAST WAGE:** \_\_\_\_\_

**LIST PROFESSIONAL REFERENCES:  
LIST NAMES AND TELEPHONE NUMBERS OF THREE BUSINESS/WORK REFERENCES  
WHO ARE NOT RELATED TO YOU.**

1. NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
RELATIONSHIP TO YOU \_\_\_\_\_  
TELEPHONE ( ) \_\_\_\_\_ NUMBER OF YEARS KNOW \_\_\_\_\_
2. NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
RELATIONSHIP TO YOU \_\_\_\_\_  
TELEPHONE ( ) \_\_\_\_\_ NUMBER OF YEARS KNOW \_\_\_\_\_
3. NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
RELATIONSHIP TO YOU \_\_\_\_\_  
TELEPHONE ( ) \_\_\_\_\_ NUMBER OF YEARS KNOW \_\_\_\_\_

**APPLICANT STATEMENT:**

**I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.**

**I certify that I am not related to any City Council member, City Manager, or Police Chief by the following degrees of kinship: *Please do not apply if you fall under the following category.* GC §573.041.**

- (1) The second degree by affinity – “marriage” (brother-in-law, spouses, grandparents, etc.); or
- (2) The third degree by consanguinity – “blood” (great-grandparent, uncle, niece, etc.)

**I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.**

**I understand that this application remains current for only 30 days.**

**In consideration of my employment, I agree to conform to the City’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, by either my or at the City’s option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the City. I understand that no City Representative has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.**

**I consent and agree to a criminal background check to be conducted by whomever the City may select.**

**I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (i) eliminate me from further**

consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

I have executed Attachment "A" and agree that copies thereof will have the same effect as the original.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT:**

**I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FORGOING APPLICANT STATEMENT.**

**APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

***APPLICATION FOR EMPLOYMENT ATTACHMENT "A"***  
***AUTHORITY FOR RELEASE OF INFORMATION AND WAIVER***

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize you to furnish the City of Hubbard any information you may have concerning me, including information relating to my reputation, education, Employment, financial and credit status, and physical and mental health. This information will be used to assist the City of Hubbard in determining my qualifications and fitness for employment by the City of Hubbard.

I hereby release you from any liability or damage, which may result from furnishing the information requested above. Further, I hereby expressly waive and release any special right of access I may have under any statute or the common law to the information you furnish about me to the City of Hubbard.

\_\_\_\_\_  
**APPLICANT'S NAME** **DATE**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**WITNESS** **DATE**