

# Employment Application

## The City of Winnsboro

501 S. Main St. Winnsboro, TX 75494

903-342-3654 (O) 903-342-5708 (F)



[WWW.CITYOFWINNSBORO.ORG](http://WWW.CITYOFWINNSBORO.ORG)

Email to: [jobs@winnsborotexas.com](mailto:jobs@winnsborotexas.com)

### APPLICANT INFORMATION

Last Name			First Name			M.I.			
Address						Apt. #			
City			State			Zip			
Phone			E-mail Address						
Date Available			Driver's License #		State				
Position Applying For									
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				

### EMERGENCY CONTACT

Name				Relation			
Address				Contact #			

### EDUCATION

High School				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

### MILITARY HISTORY

Branch				Dates of Service			
Discharge Rank				Discharge Type			

If other than honorable, explain

LEGAL BACKGROUND RECORD							
Have you ever been convicted of a felony crime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a pending conviction?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
What was / is the charge?							
Is / was your driver's license suspended or revoked?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Pending Suspension or Revocation?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, explain why?							

GENERAL				
Office Skills	<input type="checkbox"/> Windows	<input type="checkbox"/> M.S. Word	<input type="checkbox"/> M.S. Excel	<input type="checkbox"/> Other:
Estimated Words Per -Minute			Estimated 10 Key Speed	
Special Certifications				
Special Skills				
Special Interest				

REFERENCES				
<i>Please list three personal references that you have known for at least three years</i>				
Full Name			Relation	
Address			Phone	
Full Name			Relation	
Address			Phone	
Full Name			Relation	
Address			Phone	

PREVIOUS EMPLOYMENT				
Company				Phone
Address				Supervisor
Job Title			Starting Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company				Phone
Address				Supervisor
Job Title			Starting Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company				Phone
Address				Supervisor
Job Title			Starting Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
DISCLAIMER AND SIGNATURE				

- I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I also understand that failure to complete any portion of this application may eliminate me from further consideration.
- I understand that the information provided will be investigated and in doing so I, the applicant, release the employer, being the City of Winnsboro from any and all liability.
- I understand that this application is not an employment agreement and that no employment is being offered to me in this application. However if I am employed with the City of Winnsboro, I understand that my relationship with the City of Winnsboro will be governed by the "At-Will" doctrine. Through that doctrine, I understand that the City of Winnsboro is allowed to change my wages, benefits, terminate my employment and other conditions of my appointment at any time. I also understand that through this doctrine and I may terminate my job with The City of Winnsboro at any time for any reason.
- All potential employees are subject to a drug screen and depending on the position a driving record check, criminal history review, reference check and any other background checks pertaining to the applicant. The City of Winnsboro is an equal opportunity employer.

\*\*Please Note: All applicants for Police Officer positions must be TCLEOSE Licensed, 21 years of age and must read and write English \*\*

<b>Aliases Used (including maiden name)</b>		
<b>Social Media Platforms used &amp; username</b>		
<b>Printed Name</b>		
<b>Signature</b>	<b>Date</b>	

\*FOR OFFICE USE ONLY\*

Start Date: _____	F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/>	Starting Pay:\$_____	Probation: _____ days
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Additional Terms / Conditions:

## Optional Employment Application Supplement

The City of Winnsboro is committed to a policy of equal employment opportunity and diversity. The following information is requested for the Human Resources Office use only in order to assist us in complying with EEO reporting guidelines. Because this information is VOLUNTARY and will NOT be considered for employment purposes, this page will remain separate from your Employment Application. In addition, upon employment, this information will not be used for any subsequent personnel decision.

Last Name: \_\_\_\_\_ Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

First Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Application Date: \_\_\_\_\_

Race:	How did you learn about this position?
<input type="checkbox"/> American Indian / Alaskan National	Newspaper <input type="checkbox"/>
<input type="checkbox"/> Black Non-Hispanic	City Website <input type="checkbox"/>
<input type="checkbox"/> Hispanic	Texas Workforce Com <input type="checkbox"/>
<input type="checkbox"/> White Non-Hispanic	City Cable TV <input type="checkbox"/>
<input type="checkbox"/> Asian / Pacific Islander	Other <input type="checkbox"/>

Veteran Status:
<input type="checkbox"/> Veteran
<input type="checkbox"/> Non Veteran
<input type="checkbox"/> Active Duty
<input type="checkbox"/> Reserve / Guard

**Note:** For purposes of racial statistical tabulation, the following categories are used:

American Indian- includes persons who identify themselves or are known as such by virtue of tribal association

Asian / Pacific Islander- includes persons of Japanese, Chinese, Korean or Filipino descent

Black- includes all persons of Mexican, Puerto Rican, Cuban, Latin American, or Spanish descent

White- includes persons of Indo-European descent, including Pakistani and East Indian persons

Other- includes Eskimos, Malayans, Thais, and others not covered above



### **AUTHORITY TO RELEASE INFORMATION**

To Whom It May Concern:

I hereby authorize the **City of Winnsboro** and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educations institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

<b>Applicants Full Name</b>		<b>Phone Number</b>	
<b>Physical Address</b>			
<b>Signature</b>			