



JOB FAIR

PART-TIME / SUMMER OPPORTUNITIES

WHEN: Saturday, February 29, 2020
Saturday, March 14, 2020

TIME: 10:00 a.m. to 4:00 p.m.

WHERE: Saginaw Recreation Center
633 West McLeroy Blvd.
Saginaw, TX 76179

WHAT: **AQUATIC CENTER**

- Pool Manager
- Head Lifeguards
- Lifeguards
- Customer Service / Concessions

(Min. Age 16 years)

SUMMER YOUTH CAMP

- Camp Director
- Camp Counselors

(Min. Age 16 years, Age 18+ preferred)

ADDITIONAL INFORMATION:

Please be prepared to complete an application either on-site or complete a Job Fair application prior and bring it with you. Job Fair applications will be available at the Saginaw Recreation Center, City Hall and online at www.SaginawTx.org. Applicants ages 16 and 17 who plan on completing an application on-site at the Job Fair must be accompanied by a parent or guardian.

You will need to present forms of identification that document your identity and work authorization. Be prepared to complete a Hiring Packet which includes completing W-4 and I-9 forms. If you are interested in seasonal employment with the City of Saginaw, but are unable to attend, you can find an electronic version of our application online at www.SaginawTx.org.



We're Hiring!





EMPLOYMENT APPLICATION

City of Saginaw Texas

333 West McLeroy Blvd.
P.O. Box 79070
Saginaw, Texas 76179
Phone: 817-232-4640
Fax: 817-232-4644
www.SaginawTx.org
info@ci.saginaw.tx.us

Email Address : _____

INSTRUCTIONS: Read carefully and print all information. Completion of this form is voluntary. Failure on your part to furnish all or part of the information requested may result in denial of your application. Employment is subject to applicants' satisfying the City's requirements as to morals, character, reference and physical examination. This application must be renewed after three months and becomes the property of the City of Saginaw. The City of Saginaw does not discriminate on the basis of race, color, national origin, sex, religion, age, or disabled status in employment or the provision of services.

Position Applied for: _____ Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: (____) _____ Social Security Number: _____

Driver's License Number: _____ Type: _____ State Issued: _____ Expiration: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No

If Yes, give date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Are you currently a member of a military unit? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain:

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Additional Information

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Describe any job-related training received in the United States military.

Specialized Skills

CRT Fax
 PC Excel
 Calculator PBX System
 Typewriter Word

Check Skills / Equipment Operated

Production/Mobile Machinery (list): _____ Other (list): _____

State any additional information you feel may be helpful to us in considering your application.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Professional References (No Relatives)

1.	()
(Name)	Phone Number
(Address)	
2.	()
(Name)	Phone Number
(Address)	
3.	()
(Name)	Phone Number
(Address)	

Are you related to any member of the City Council or any current City of Saginaw employee?
_____ Yes _____ No

If "Yes." Name of Relative: _____ Relationship: _____ Dept. _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. _____ Yes _____ No

EMPLOYMENT AT-WILL STATEMENT

In consideration of my employment, I agree to conform to the rules and regulations of the City of Saginaw, and my employment and compensation can be terminated with or without cause, and with without notice, at any time, at the option of the City or myself.

APPLICANT'S CERTIFICATION

I have reviewed the principle job duties and the minimum qualifications for the position for which I have applied. I am aware that this application will be subject to public disclosure unless an exception under the Texas Open Records Act is applicable.

The information on this application is accurate to the best of my knowledge and is subject to verification by the City of Saginaw if so requested. I understand that the information provided by me herein may be used for the purpose of investigating my eligibility and my previous employers may be contacted. I agree that the City of Saginaw will not be liable for any damage which may result from the release of such information, and that any misrepresentation or deliberate omission in my application may be justification for refusal of, or termination of, employment with the City of Saginaw.

My signature below indicates that I have read and fully understand the foregoing statements.

Applicant Signature

Date

CITY OF SAGINAW

Authorization to Conduct Drug and or Alcohol Testing

I, _____ do hereby authorize the City of Saginaw and its agents to conduct any drug and or alcohol test deemed necessary. I understand that proper "chain of custody" procedures will be maintained and that the testing will be conducted by a Certified Laboratory. I hereby authorize the release to the City of Saginaw all results of any drug/alcohol test performed by any doctors, clinics, or laboratories to which I have been referred. This information is authorized to be used by the City of Saginaw for the sole purpose of employment related matters.

Listed below are all the medications I am currently taking.

_____	_____
_____	_____
_____	_____

_____	_____	_____	_____
Street or P O Box	City	State	Zip

_____	_____
Area Code and Phone Number	Social Security Number

_____	_____
Signature	Date

Signature of Parent/Guardian if applicant/employee is under the age of eighteen (18) years



City of Saginaw

Authority for Release of Information and Waiver

I, _____ do hereby authorize a review of a and full disclosure of all records concerning myself to any duly authorized agent of the City of Saginaw, whether the said records are of a public, private or confidential nature. **THIS AUTHORIZATION IS NOT TO INCLUDE ANY MEDICALLY RELATED HISTORY OR WORKERS COMPENSATION CLAIMS.**

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment and pre-employment records, including background reports or efficiency ratings.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Saginaw. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature (include maiden name if applicable) Date

Street or P O Box City State Zip

Area Code and Phone Number Social Security Number