



# 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:

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

**CITY OF SAGINAW  
SUPPLEMENTAL WORK AND PERSONAL HISTORY FORM**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Do you have a valid Texas Driver's License:     Yes     No

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Date of birth on your Driver's License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

What the type of Driver's License which you currently posses:

Class A Commercial     Class B Commercial     Class C Operator

**QUESTIONS:**

1. If you are under 18 years of age, can you provide proof of eligibility?     Yes     No
2. Are you legally authorized to work in the United States?     Yes     No
3. Have you ever had your driver's license suspended or revoked?     Yes     No
4. What is the number of traffic citations you have received in the last five years? \_\_\_\_\_
5. Are you currently employed?     Yes     No

Explain any "Yes" responses given to questions 3-4.

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**IMPORTANT – PLEASE READ**

I understand that all information submitted and considered is subject to verification. I understand and hereby authorize and give permission for the City of Saginaw to conduct verification and/or investigations of my credit history, criminal history, driving record, character, employment history, reputation, and any other job related investigation as are necessary to determine my qualifications for employment.

I understand that if I am offered employment with the City of Saginaw, I will be required to take a post-offer physical exam which will include drug testing. Any offer of employment that I may receive will be conditioned upon the results of the post-offer exam. In addition, positive results of the post-offer drug test will disqualify me from employment.

I certify that all statements and answers to all questions in this application are true, complete and correct and are made in good faith. I understand that falsification of any answers I have given will have serious consequences, including disqualification for employment and/or termination of employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PAGE TWO – SUPPLEMENTAL WORK AND PERSONAL HISTORY FORM**

**INSTRUCTIONS:** Answer all questions. Omitted questions will be grounds for disqualification of your application. Falsification of information is grounds for disqualification of your application or immediate termination of employment. All certification statements agreed to on the general City of Saginaw application apply to information given here.

**Within the last five (5) years, have you ever been disciplined or discharged by an employer for:**

Job Abandonment       Yes    No    Disciplined    Discharged   Employer \_\_\_\_\_

Other Attendance  
Related Problems       Yes    No    Disciplined    Discharged   Employer \_\_\_\_\_

Fighting                       Yes    No    Disciplined    Discharged   Employer \_\_\_\_\_

Assault                         Yes    No    Disciplined    Discharged   Employer \_\_\_\_\_

Insubordination             Yes    No    Disciplined    Discharged   Employer \_\_\_\_\_

Violating Safety Rules     Yes    No    Disciplined    Discharged   Employer \_\_\_\_\_

Explain any "Yes" responses given above: \_\_\_\_\_

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**Have you ever been disciplined or discharged by an employer for:**

Theft                             Yes    No    Disciplined    Discharged   Employer \_\_\_\_\_

Unauthorized removal  
of employer's property     Yes    No    Disciplined    Discharged   Employer \_\_\_\_\_

Falsifying employment,  
education, and/or  
application information    Yes    No    Disciplined    Discharged   Employer \_\_\_\_\_

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Have you ever been discharged (fired) from a job?       Yes    No   Employer \_\_\_\_\_

Have you ever been convicted of any misdemeanor or felony excluding minor traffic offenses?    Yes    No

Have you ever been placed on deferred adjudication?    Yes    No

Are you currently on probation?    Yes    No

Explain any "Yes" responses given above and give dates of same: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
City of Saginaw  
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**