



The City of Seagoville, Texas
702 N. Highway 175
Seagoville, Texas 75159
(972) 287-2050

An Equal Opportunity Employer / A Drug-Free Work Place

APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with the City of Seagoville. The application you submit will be reviewed, and evaluated based on the information supplied. If we determine there is a need to schedule you for a personal interview, you will be contacted by phone, mail or electronic mail. If we are unable to consider your application, no further notice will be given. Due to the large volume of employment inquiries received, we regret that we are unable to provide a more personal response to your application.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Failure to answer all questions completely and accurately may mean loss of an employment opportunity.

1. Please complete the application in neat, legible print or type using black or blue ink. Resumes will not be accepted in lieu of a completed application. ***Faxes are not accepted.***
2. The application must be complete with social security number, current mailing address, telephone number(s), dates of employment, job titles, reasons for leaving, schools attended and personal references. The application must indicate the position for which application is made. Applications must be signed and dated by the applicant.
3. Complete addresses must be provided for schools attended and previous employers. Please provide street number, street name, city, state, and zip code.
4. Employment applications are accepted for open and posted positions only. Specific employment opportunity notices are posted on the job vacancy board, advertised in local publication(s) or listed on the Internet.
5. The application form is the primary tool used in the application process. This application and any accompanying documents submitted for consideration of employment are the property of the City of Seagoville and will **not be returned** to the applicant.

Police applicants must complete the Seagoville Police Officer Personal History Statement & Application.

PLEASE REMOVE THIS PAGE BEFORE SUBMITTING YOUR COMPLETED APPLICATION



THE CITY OF SEAGOVILLE
AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

Instructions: It is important that you answer all questions on this application fully and accurately. Failure to do so may delay its consideration and could mean loss of employment opportunities. If an item does not apply to you, or there is no information to be given, please write in the letters "N.A." for Not Applicable. Please print in ink or type.

The City of Seagoville considers all applicants for employment without regard to race, color, religion, gender national origin, age, physical handicap, or veteran status, or any other protected status or classification in accordance with state and federal laws. The City of Seagoville also provides "reasonable accommodations" to qualified individuals with known disabilities, in accordance with the American Disabilities Act.

Position Applying For: _____ **Date:** _____
(Position Title Stated on Job Announcement)

PERSONAL INFORMATION:

Name: _____ **Social Security Number** _____ - _____ - _____
(Please Print) Last First Middle

Address: _____ **Telephone No.** (_____) _____
(Number & Street) (City) (State) (Zip Code) (Home)

E-mail Address: _____
The City of Seagoville will not share your e-mail address. Information is sought for purpose of contact only.

Are you over Yes If not, state your _____ **Telephone No.** (_____) _____
The age of 18? No date of birth Month Day Year 8 a. m. to 5 p.m. weekdays

Type of work you will accept: Full-time Part-time Temporary Shift Work Night Work Weekend Work

Date available to start work: _____ **Are you willing to work overtime as necessary?** Yes No

Have you ever been employed by the City of Seagoville? Yes No If yes, position held _____
Department? _____ Period of employment? From _____ to _____

Do you have relatives working for the City of Seagoville or serving on the City Council? Yes No
If yes, whom? _____ Relationship? _____

CITIZENSHIP:
Are you a U. S. Citizen? Yes No If no, do you have the legal right to work in the United States? Yes No

It will be necessary to submit documents as required by law to verify your identification and employment authorization upon employment.

MILITARY:
Have you ever served in the U. S. Armed Forces? Yes No
If yes, give dates of service and type of discharge: _____

List duties in the service, including special training that is relevant to the position for which you are applying: _____

EDUCATION AND TRAINING:

Your educational record will be considered only to the extent that it is relevant to the position sought. High School Diploma or GED (Graduate Equivalency Diploma) and College transcript(s) are required for verification of education prior to employment.

High School Graduate? Yes No **GED?** Yes No If GED, from what agency? _____

Circle the highest grade completed: Grade School High School College Graduate
 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

School(s) Attended	City, State	Dates Attended (Mo./Yr.)		Hours Earned	Did you Graduate?	Diploma or Degree Type	Major Subject
		From	To				
High School		N/A	N/A	N/A			
College(s)							
Graduate School(s)							
Business, Trade or Other							

Computer Skills: Windows MSWord for Windows Excel Access Other _____

Machines or Equipment Operated: _____

Special Licenses or Registrations: _____

Please list any additional training, technical skills or professional knowledge that would support your application:

Reason for leaving or wanting to leave _____

EMPLOYER: _____ Dates of Employment: From _____ / _____ / _____ To _____ / _____ / _____
Mo Yr Mo Yr

Address _____ Telephone # _____
Number & Street City State Zip Code

Position Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Full Time
Part Time
Seasonal
Temporary

Supervisor's Name _____ Supervisor's Title _____

Describe your duties:

Reason for leaving _____

EMPLOYER: _____ Dates of Employment: From _____ / _____ / _____ To _____ / _____ / _____
Mo Yr Mo Yr

Address _____ Telephone # _____
Number & Street City State Zip Code

Position Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Full Time
Part Time
Seasonal
Temporary

Supervisor's Name _____ Supervisor's Title _____

Describe your duties:

Reason for leaving _____

EMPLOYER: _____ Dates of Employment: From _____ / _____ / _____ To _____ / _____ / _____
Mo Yr Mo Yr

Address _____ Telephone # _____
Number & Street City State Zip Code

Position Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Full Time
Part Time
Seasonal
Temporary

Supervisor's Name _____ Supervisor's Title _____

Describe your duties:

Reason for leaving _____

EMPLOYER: _____ Dates of Employment: From _____ / _____ To _____ / _____
Mo Yr Mo Yr

Address _____ Telephone # _____
Number & Street City State Zip Code

Position Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Full Time
Part Time

Supervisor's Name _____ Supervisor's Title _____
Seasonal
Temporary

Describe your duties:

Reason for leaving _____

EMPLOYER: _____ Dates of Employment: From _____ / _____ To _____ / _____
Mo Yr Mo Yr

Address _____ Telephone # _____
Number & Street City State Zip Code

Position Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Full Time
Part Time

Supervisor's Name _____ Supervisor's Title _____
Seasonal
Temporary

Describe your duties:

Reason for leaving _____

EMPLOYER: _____ Dates of Employment: From _____ / _____ To _____ / _____
Mo Yr Mo Yr

Address _____ Telephone # _____
Number & Street City State Zip Code

Position Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Full Time
Part Time

Supervisor's Name _____ Supervisor's Title _____
Seasonal
Temporary

AUTHORIZATION FOR DPS REPORTS

I, _____, the undersigned, hereby acknowledge and agree to authorize the City of Seagoville to request from the Texas Department of Public Safety (and other states in which I have held a driver's license) a report of my driver's history.

Listed below are all the traffic violations/citations I have received in the past five years and any DWIs I have ever received, including all states in which I have held a license. I understand that failure to list all traffic violations may result in my not being hired by the City of Seagoville. Additionally, I understand discovery of omission of violations after being hired by the City of Seagoville will result in disciplinary action, up to and including termination of employment.

STATE OF TEXAS VIOLATIONS		
Type of Violation(s) (Such as speeding, running red light, accident, citation for no license, etc.)	Approximate Month & Year of Violation	City in Which Violation Was Issued

Current Texas Driver's License No.: _____

Date of Birth: _____

Name as it appears on current Texas License: _____

Any other names under which you have held any Driver's License: _____

PREVIOUS DRIVER'S LICENSES				
Driver's License #	State of Issue	Approx Month & Year of Violation	City in Which Violation Was Issued	Type of Violation

Signature

Date

PLEASE READ CAREFULLY BEFORE SIGNING

It is the policy of the City of Seagoville not to mail out any applications for any position. The purpose of this policy is to ensure all applicants are provided an opportunity to read the job description that lists the job functions for the position for which they are applying.

I have read the job description and am capable of performing the essential job functions with or without reasonable accommodations. Yes No, I am concerned with the following function(s):

PRE-EMPLOYMENT STATEMENT

I certify the statements made by me in this application are true, complete, and correct to the best of my knowledge, and are made by me in good faith. I understand that any falsification, misrepresentations or omissions of facts in this application may be cause for my elimination from consideration for hire, or, if already hired, cause for my dismissal, regardless of the time that elapses before such false information is discovered.

I understand that all applicants chosen for employment must undergo a medical examination, including a drug screen, and other job related testing, given at the City's expense.

I understand and agree that employees are "at will" and employment with the City of Seagoville is for no definite period of time and that wages, benefits, and conditions of employment can be changed at any time.

I understand that consideration of my employment in this position is contingent upon the result of a reference and background check.

APPLICANT'S SIGNATURE _____ DATE _____



The City of Seagoville, Texas

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To the Applicant:

The commitment of the City of Seagoville to a policy of equal employment opportunity requires that certain information be gathered and maintained for government record-keeping requirements only.

This page will be detached from your application immediately upon receipt, and this information will not be used for making interviewing or hiring decisions.

Completing this page is optional. Refusing to provide this information will not affect the evaluation of your application.

Your cooperation in this effort would, however, be greatly appreciated.

PLEASE PRINT OR TYPE:

Position applying for: _____ **Date:** _____
(Position Title Stated on Job Announcement)

Date of Birth: _____
Month Day Year

Race/National Origin:
Caucasian/White Asian/Pacific Islander Black/Non Hispanic
American Indian/Alaskan Native Hispanic
Other _____

Education Level:
Please circle highest grade completed.

Grade School High School College Graduate School
1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

How did you find out about this vacancy?

Professional Organization Walk-in City Employee
Internet Friend or Relative College, School
Newspaper _____ Other _____
Name Explain

The City does not discriminate on the basis of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status.