# City of Easton application for employment

PERSONAL INFORMATION			
Name: (First, Middle, Last)	Date of Birt	Date of Birth:	
ddress: (Street, City)  Last 4		ast 4 Digits of Social Security Number:	
	XXX-XX-		
	Subdivision:		
Home #:	: Cell/pager #:		
Work #:	Email Address:		
Drivers License #:	State:		Type/Class:
EMERGENCY CONTACT INFORM	MATION (in	case of acciden	t and/or injury)
Name:		Relationship:	
Address:		Work Phone:	
Street, City, State, Zip:		Home Phone:	
Doctor Name:		Doctor Phone:	
EMPLOYMENT HISTORY			
List below all previous employers in last 5 years star necessary)	ting with most c	urrent: (use add	litional paper if
Current Employer:	How long:		
Address:	Position Held:		
City, State, Zip:	Supervisor:		
Business Telephone:	Supervisor's Telephone:		
Employer:	How long:		
Address:	Position Held:		
City, State, Zip:	Supervisor:		
	Supervisor's Telephone:		

### **REFERENCES**

Please list <b>three</b> character references		
Name:	Occupation:	
Address:	Work Phone:	
City, State, Zip:	Home Phone:	
Interviewer's Notes:		
Name:	Occupation:	
Address:	Work Phone:	
City, State, Zip:	Home Phone:	
Interviewer's Notes:		
Name:	Occupation:	
Address:	Work Phone:	
City, State, Zip:	Home Phone:	
Interviewer's Notes:		
CRIMINAL HISTORY		
Have you been convicted of a Felony or Misdemeanor	including moving traffic violations?	
YES	□NO	
Do you have a Felony or Misdemeanor Case (including	g moving traffic violation) pending?	
YES	□NO	
Are you willing to take a drug or alcohol test?		
YES	□NO	
If YES to the criminal history questions, explain in detail below (use additional sheet of paper of needed)		

## City of Easton

### **ACKNOWLEDGEMENT**

If I am hired, I understand that I must comply with the City of Easton's Employee Policies and Procedures. I also understand that the City of Easton strictly enforces workforce policies related to: safety, health, and confidentiality.

If hired, you understand that the City of Easton has zero tolerance for workplace violence or harassment of any kind, and will be proactive in the prevention of workplace violence and harassment.

<b>APPLICANT:</b> Are you capable of performing in a reasonable manner the activities involved in the job or application for which you have applied?YES orNO					
If yes, please explain and/or provide documentation:					
Please read and sign:					
I,	hereby make application for The City of Easton				
AND CORRECT. IT IS UNDERSTO	E FOREGOING STATEMENTS ON THIS APPLICATION ARE TRUE OOD THAT A FALSE STATEMENT ON THIS APPLICATION MAY CAUSE FOR REJECTION OR, IF APPLICATION IS APPROVED OLUNTEER FIRE DEPARTMENT.				
SIGNATURE OF APPLICANT:	DATE:				
For your consideration for hire, all p	arts of the application must be complete (BEFORE you turn it in):				
Provide all information required 'not applicable' to you)	ested in this application including signature (use N/A when an item is				
Complete Authorization to F	Release Information Form (Notarized)				
Contact City of Easton; Adn	ninistrator				

### City of Easton

### APPLICATION AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby request and authorize you to furnish the City of Easton with any and all information they may request concerning my work record, educational history, criminal record and general reputation. This authorization is specifically intended to include any and all information of a confidential or privilege nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications for hire.

Applicants Signature		_, date
Sworn to and subscribed before me tof	his day of	, year
	Notary Public in and for	
	County, Texas	

FOR DEPARTMENT USE OF	NLY
Date Application Received:	
Application Received By:	
Department Interviewer:	
Background Check Conducted:	
Background Check Results / Date:	
Police Record:	
References Checked By:	
Date Presented to Executive Board:	
Executive Board Decision:	