City of Gatesville Application for Employment

110 N. 8th Street, Gatesville, TX 76528 * Fax # 254-865-8320

INSTRUCTIONS: Answer each question clearly and completely. If questions are not applicable, enter "NA". Do not leave questions blank. Be sure to sign when completed. Incomplete applications will not be considered. If more space is required for any question, please attach additional sheets as necessary. Resumes will not be accepted in lieu of an application; you may attach a resume to this completed application. This application will only be considered for the position applied for. To be considered for other positions you will need to complete an additional application per position. The City of Gatesville is an Equal Opportunity Employer and all applicants will receive consideration without regard to race, color, religion, national origin, gender, sexual orientation and/or gender identity, age, and veteran or disability status. General Information Other names used: Street, City, State. Zip Code Phone #: ______ Alternate Phone #: ______ E-mail: _____ Position Title Applying for: _____ Requisition #: _____Supervisor: _____ Date you are available to work: ______Are you 18 or older? \(\subseteq Yes \subseteq No \) If no, how old? If hired, can you provide proof that you are legally entitled to work in the United States? \square Yes \square No Do you speak, read, or write languages other than English? ☐ Yes ☐ No If yes, what languages?

How well? ☐ Good ☐ Fair ☐ Excellent Are you related by blood or marriage to any City employee or Council Member? DEPARTMENT/DIVISION RELATIONSHIP Are you currently or have you ever been employed by the City? ☐ Yes ☐ No If yes, please list below: DEPARTMENT DATES (From/To) POSITION **REASON FOR LEAVING** _____ to _____ _____to ____ Driver's License or ID & Driving Record Information Please check one: ☐ Driver's License ☐ ID If applicable- Is your license a Commercial License? ☐ Yes ☐ No Expiration Date:_____ Type/Class:____ State Issued: Number:_____ * Please list and give date(s) or every moving violation and/or traffic accident in the last three (3) years. (Report any DWI-DUI's under criminal history area on page 6) Incident Location Date

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Education			
Name of High School:	🗆 🗆)iploma □GED □	Did not Graduate
Please indicate highest level of educa	ation achieved after High School	Some College Technical Corr	ificate, Associates, Bachelors, Masters, PhD, etc
Please list additional education inf		Some Conege, Technical Cen	incate, Associates, Bachelols, Masters, PhD, etc
Copies of college transcripts are re within the first 30 days of employm		sitions requiring degre	es; official transcripts are required
Name/Type of School:		Location	(City, St):
Dates Attended:	Date Graduated:	Degree A	Achieved:
Major:	Minor:	If	No Degree- Hours Completed:
Name/Type of School:		Location	(City, St):
Dates Attended:	Date Graduated:	Degree A	Achieved:
Major:	Minor:	If	No Degree- Hours Completed:
Name/Type of School:Location (City, St):		(City, St):	
Dates Attended:	Date Graduated:	Degree A	Achieved:
	Minor:		No Degree- Hours Completed:
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Major:		lf	No Degree- Hours Completed:
Major:* If you need additional space to	o list your education history, atta	lf ach a sheet providing the	No Degree- Hours Completed:e same information requested above.
* If you need additional space to Certifications If Certification, Registration, or a Spec	o list your education history, atta	If ach a sheet providing the osition, then please con	No Degree- Hours Completed:e same information requested above.
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* If you need additional space to Certifications If Certification, Registration, or a Specification: Issued by/Location of Issuing License/Certification:	o list your education history, attaced list your education history hist	osition, then please com Date Issued: Date Issued:	No Degree- Hours Completed:e same information requested above. Inplete the following: Date Expires: License #:

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Employment History This information will be the official record of your employment history and must accurately reflect all significant duties performed. Include all employment for at least the past ten (10) years as well as military experience. You may add any other relevant experience including volunteer and internship experience. Begin with your current or most recent job. Employment history should include each position held, even those with the same employer. Do not use the comment "See Resume". If you need additional space to adequately describe your employment history, you may attach additional pages. This information will be used to determine if you meet the minimum work related experience for the position you are applying for. Job Title: Employer: Employer Address: Supervisor's Name & Title: Supervisor's Phone #:_____ Average Hours Worked Per Week______ Starting Date:_____ Ending Date:_____ Final Salary:_____ If applicable, How many employee's did you supervise? _____ May we contact this employer? \square Yes \square No Specific Reason for Leaving or Wanting to Leave: Summary of Job Duties and Responsibilities: Job Title: Employer: Employer Address: Supervisor's Name & Title: Supervisor's Phone #: Average Hours Worked Per Week_____ Starting Date:_____ Ending Date:_____ Final Salary:_____ If applicable, How many employee's did you supervise? _____ May we contact this employer? \square Yes \square No Specific Reason for Leaving or Wanting to Leave: Summary of Job Duties and Responsibilities:

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Job Title:	-	mployer:	
Employer Address:			
Supervisor's Name & Title:			
Average Hours Worked Per Week			
f applicable, How many employee's did y			
Specific Reason for Leaving or Wanting t			
Summary of Job Duties and Responsibili	ties:		
Personal References			
	latives. Those listed should	d be familiar with your qualification	ons for employment.
Please do not list former employers or re			
Please do not list former employers or re	latives. Those listed should City/State of		ons for employment. Phone Number:
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