***APPLICATION FOR EMPLOYMENT***

***City of Hooks***

***603 E Ave A, Hooks, Texas***

903-547-2261

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on

any basis including race, color, age, sex, religion, disability, or national origin.

 Date   /    /

|  |
| --- |
|  **Employment Desired** |
| Position      | Date You Can Start      |  Salary Desired      | Type of EmploymentFull-time [ ]  Summer [ ]  Part-time [ ]  Temporary [ ]  |
| Are you employed Now? YES [ ]  NO [ ]  |  If so, may we contact your employer?      |
| Have you ever applied to this company before?YES [ ]  NO [ ]  |  When?      | Were you Contacted for Interview ? |  |
|  **Personal Information** |
| Last Name First Name Middle Name                  |
| Address (Number, Street, City, State, ZIP Code)      |
| Social Security Number      |  Home Telephone Number      | Are you at least 18 Years old ? YES [ ]  NO [ ]  |
|  **Education** |
| High School Attended and Location      | No. of Years Completed | Did You Graduate? |  |
|       |       |  |
| College Attended and Location      | No. of Years Completed | Did You Graduate? | Degree |
|       |       |       |
| Trade, Business or Correspondence School Attended and Location      | No. of Years Completed | Did You Graduate? |  |
|       |       |  |
|  **General** |
| Special Courses or Training      |
|       |
| Experience/Skills Related to the Position for Which You Are Applying      |
|       |
|       |
|  |
|  **Office/Secretarial Applications** |
| Skill/Aptitude |  Years of Experience |  |  Software Used |
| Word Processing |       |  |       |
| Spreadsheets |       |  |       |
| 10-Key |       |  |       |
|  List secretarial training courses completed and any other training which may be helpful in considering your application. E-166(0402) Inv. No. 552625      |

|  |
| --- |
|  **Employment History (List Present or Most Recent Positions First)** |
| Name of Employer      |  Address (Number, Street, City, State, ZIP Code)      |
| Phone      |  Type of Business      |  Department      |  Your Position      |
| Duties      |
|       |
| Name and Position of Immediate Supervisor      |
| Date Employed (Day, Month, Year)      |  Date Left (Day, Month, Year)      |  Starting Salary      |  Final Salary      |
| Reason for Leaving      |
|  |
| Name of Employer      |  Address (Number, Street, City, State, ZIP Code)      |
| Phone      |  Type of Business      |  Department      |  Your Position      |
| Duties      |
|       |
| Name and Position of Immediate Supervisor      |
| Date Employed (Day, Month, Year)      |  Date Left (Day, Month, Year)      |  Starting Salary      |  Final Salary      |
| Reason for Leaving |
|  |
| Name of Employer      |  Address (Number, Street, City, State, ZIP Code)      |
| Phone      |  Type of Business      |  Department      |  Your Position      |
| Duties      |
|       |
| Name and Position of Immediate Supervisor      |
| Date Employed (Day, Month, Year)      |  Date Left (Day, Month, Year)      |  Starting Salary      |  Final Salary      |
| Reason for Leaving      |
|  |
| Experience/Skills related to the Position for Which You Are Applying |
|       |
|       |
|  **Other Experience** |
| In this section, list any job experience not listed above that most directly relates to the job for which you are now applying. |
| Name of Employer      |  Address (Number, Street, City, State, ZIP Code)      |
| Phone      |  Type of Business      |  Department      |  Your Position      |
| Duties      |
|       |
| Name and Position of Immediate Supervisor      |
| Date Employed (Day, Month, Year)      |  Date Left (Day, Month, Year)      |  Starting Salary      |  Final Salary      |
| Reason for Leaving      |

|  |
| --- |
|  **Other Information** |
| Have you ever been charged with or convicted of a felony? YES [ ]  NO [ ]  |  If yes, please answer the following questions:* What date were you charged?
* If convicted, what date?
* In what city, county and state did this action take place?
* Are you on probation or under penalty to do community service?
* If yes, please give details.
 |
| Are you related to or acquainted with any current or past employees of the City of Hooks or the City Council?YES [ ]  NO [ ]  |  If yes, give names and details.Name:       |  How known/related?       |
|  |
|  I certify that the information provided is true and correct Signature |

|  |
| --- |
| **Background Check Authorization**:I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you. I also understand that you may check with the Texas Department of Public Safety or other organizations for any criminal history.Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Drug Testing Statement:**I understand any offer of employment is contingent on my submission to and successful completion of a medical examination, including drug testing. I further understand that as a condition of my continued employment, I may, from time to time, be required to submit to additional examinations or drug testing.Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Return Application Methods

In Person: City Hall

 603 E Ave A

 Hooks, Texas 75561

Via Fax: 903-547-1107

Via Email: citysecretary@cityofhooks.org