

# APPLICATION FOR EMPLOYMENT

**CITY OF THE COLONY**  
6800 Main Street  
The Colony, TX 75056  
(972) 624-3117  
Pre-Employment Drug Testing Required

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, age, disability, sexual orientation, citizenship status or any other legally protected status.

*(PLEASE PRINT)*

Position(s) Applied For					Date of Application	
How Did You Learn About Us?						
<input type="checkbox"/> Website		<input type="checkbox"/> Newspaper		<input type="checkbox"/> Other _____		
Last Name		First Name		Middle Name		
Address	Number	Street	City	State	Zip Code	
Telephone Number(s)				Last 4 Digits of Social Security Number		

Have you ever filed an application with the City of The Colony before? If Yes, give date: _____	OYes	ONo
Have you ever been employed with the City of The Colony before?	OYes	ONo
If you are under 18 years of age, can you provide required proof of eligibility to work?	OYes	ONo
Are you related to any person employed by the City of The Colony? If Yes, give name and department: _____	OYes	ONo
Are you currently employed? If Yes, may we contact your employer?	OYes OYes	ONo ONo
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or Immigration status will be required upon employment)	OYes	ONo
Can you travel if the job requires it?	OYes	ONo
Are you available to work:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
Have you been convicted of a felony in the last five (5) years? If Yes, complete the following. Send additional information if necessary. (Note: A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question)	OYes	ONo
Charge	Date	Location
_____	_____	_____
Date available for work: _____	What is your desired salary range? _____	

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**



# EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
High School				
Trade or Business School				
College/University				
Graduate/Professional				

## Special Training

Describe any specialized training, apprenticeship, skills and extra-curricular activities that would qualify you for the job for which you are applying.

---



---



---



---



---



---



---



---



---



---

## Military Training

Describe any job-related training received in the United States Armed Forces.

---



---



---



---



---



---



---



---



---



---

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

If you need additional space, please continue on a separate sheet of paper.

## Professional, Trade, Business, Civic Activities, and Offices Held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

---



---



---



---

(This page intentionally left blank)

# ADDITIONAL INFORMATION

## Certification/Licenses

Summarize any certifications or licenses that you have obtained that pertain to the position for which you are applying.

---

---

---

---

---

---

---

## Computer Software/Hardware Skills

List any computer software and/or hardware and other office equipment you are comfortable using

---

---

---

---

---

---

---

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without reasonable accommodations?

Yes  No

## REFERENCES

	Name	Address	Reference Type	Phone Number
1.			<input type="radio"/> Personal <input type="radio"/> Professional	
2.			<input type="radio"/> Personal <input type="radio"/> Professional	
3.			<input type="radio"/> Personal <input type="radio"/> Professional	

# APPLICANT'S STATEMENT

## Disclosures

### CITY OF THE COLONY PRE-EMPLOYMENT/EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment with the City of The Colony, I understand that inquiries will be made concerning my employment, criminal, and driving records. I hereby authorize all former employers and all other public and private concerns, including (but not limited to) consumer reporting agencies and similar entities, to release any and all information maintained by any such employer, agency, or entity concerning my personal history.

I voluntarily agree to submit to drug screening as a condition of employment within 48 hours from the receipt of the job offer. I understand I have the right to refuse to submit to such screening, however, I also understand that such refusal will be treated as a positive result, and I will be denied employment with the City of The Colony.

I understand if I receive a conditional offer of employment, the offer is contingent on my successfully completing and/or passing the aforementioned checks and screenings. I understand if employment with the City of The Colony is denied because of information contained in a consumer report obtained from a reporting agency, I will be entitled to receive from the City of The Colony only the name and address from the reporting agency from which the report was obtained.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with the City of The Colony is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employees at any time with or without cause.

This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

In consideration of the City of The Colony's acceptance and consideration of my application for employment, I hereby, and on behalf of my heirs, agents, executors, administrators, and assignees, release and forever discharge the City of The Colony and all affiliated entities from all claims, demands, damages, actions and causes of action pertaining to or arising out of the inquiries made into my personal history, and release and forever discharge all former employers from all liability arising out of disclosure to the City of information pertaining to my personal history, as long as the disclosure and use of any such materials is not done maliciously.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand I am required to abide by all rules and regulations of the employer.

**I have read, understand and consent to the paragraph's above:**  Yes  No

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date