

TOWN OF CLINT
 200 N. SAN ELIZARIO RD
 CLINT TEXAS 79836
 915-851-3146

APPLICATION FOR EMPLOYMENT

Name:	Date:	
Street Address:		
Address:		
Are you over 18? o Yes No	SSN•.	Position Applying For:

Are you eligible to work in the United States? o Yes a No

If under the age of 18, can you furnish a work permit? a Yes No

Are you currently employed? a Yes a No May we
 contact your present employer? Yes a No

If hired, when will you be available to start? _____

Are you applying for: c] Full Time a Part Time Shift Work Temporary

Are you able to work: a Days Evenings Nights Weekends a Holidays

Indicate languages you are able to speak/read/write.

Languages	Speak	Read/Write	Fluent/Good/Fair

List professional, trade, business or civic activities and offices held. (You may exclude membership which would reveal sex, race, religion, national origin, age, handicap, or other protected status.)

Current/Most Recent Employer:		Dates Of Employment: to
Address:		
Title & Duties:		
	Reason for Leaving:	
Previous Employer:		Dates Of Employment: to
Address:		
Title & Duties:		
	Reason for Leaving:	
Previous Employer:		Dates Of Employment: to
Address:		
Title & Duties:		
	Reason for Leaving:	
Previous Employer:		Dates Of Employment: to
Address:		
Title & Duties:		
	Reason for Leaving:	
Previous Employer:		Dates Of Employment: to
Address:		
Title & Duties:		
	Reason for Leaving:	
Previous Employer:		Dates Of Employment: to
Address:		
Title & Duties:		

	Reason for Leaving:
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Educational Background:

School	Course of Study/Degree	Dates	Graduated?

References:

Name:	Address:	Occupation:	Contact Number:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.
 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 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to the whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

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

I HEREBY STATE THAT THE ABOVE STATEMENTS ARE TRUE. X _____

TOWN OF CLINT
 Background Check Authorization

Print Name: _____
 (First) (Middle) (Last)

Former Name(s) and Dates Used:

Current Address Since:

(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From:

(Mo/yr) (Street) (City) (Zip/State)

Previous Address From:

(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number:

Date of Birth:

Telephone Number:

Driver's License Number/State:

The information contained in this application is correct to the best of my knowledge. hereby authorize Town of Clint and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Town of Clint or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Town of Clint, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature:

Date:
