



City of Haltom City  
**APPLICATION FOR EMPLOYMENT**

5024 Broadway Avenue  
 Haltom City, Texas 76117

Telephone: (817) 222-7742 ~ Fax: (817) 222-7740

For HR Use Only	
<input type="checkbox"/> Refer	<input type="checkbox"/> Closed
<input type="checkbox"/> BG	<input type="checkbox"/> Other
<input type="checkbox"/> WH	

**The City of Haltom City is An Equal Opportunity Employer.**  
 In accordance with the Civil Rights Acts of 1964 and 1991, as amended, the Age Discrimination in Employment Act, the Americans with Disabilities Act, and the Genetic Information Nondiscrimination Act, the City of Haltom City prohibits discrimination in employment because of race, color, sex, religion, national origin, age, disability, or genetic information.

**PLEASE PRINT OR TYPE ALL INFORMATION**

A separate application is required for each position you apply for.

DATE: \_\_\_\_\_ POSITION APPLYING FOR: \_\_\_\_\_

DATE YOU ARE AVAILABLE TO START WORK: \_\_\_\_\_

IS STARTING SALARY ACCEPTABLE? Yes  No  IF NO, WHAT SALARY IS DESIRED? \_\_\_\_\_

<b>NAME</b> _____		<b>SSN*</b> _____		
LAST	FIRST	M.I.		
<b>ADDRESS</b> _____				
STREET	APT.#	CITY	STATE	ZIP
<b>PHONE (HOME):</b> _____		<b>(WORK/CELL):</b> _____		<b>(EMAIL):</b> _____
<b>DO YOU HAVE ANY RELATIVES WHO ARE WORKING FOR HALTOM CITY?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes: Name _____ Relationship _____				
<b>HAVE YOU EVER BEEN EMPLOYED BY HALTOM CITY?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Dates of Employment:</b> Starting _____ Ending _____				
<b>PLACE AND "X" THROUGH ANY OF THE FOLOWING THAT YOU ARE UNABLE OR UNWILLING TO WORK:</b>				
EVENINGS	DEEP NIGHTS	WEEKENDS	HOLIDAYS	ON CALL
PART-TIME	FULL-TIME	TEMPORARY	OVERTIME	
<b>HAVE YOU SERVED IN THE ARMED FORCES OR NATIONAL GUARD OF THE UNITED STATES?</b> _____				
<b>BRANCH</b> _____		<b>DATES OF SERVICE:</b> _____		
<b>RANK AT DISCHARGE</b> _____		<b>TYPE OF DISCHARGE</b> _____		

**PLEASE LIST ANY COURSES, PROGRAMS PROFESSIONAL ASSOCIATIONS, LICENSING AND/OR CERTIFICATION OR ANY OTHER ACTIVITIES WHICH YOU PARTICIPATED IN THAT RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Privacy Act of 1974 Disclosure. **Authority:** Human Resources Department, City of Haltom City. **Routine Uses:** The SSN is used to identify and track the applications. **Purpose:** Track of Employment Applications. **Disclosure:** Voluntary



## EMPLOYMENT HISTORY (cont.)

**EXPLAIN IN DETAIL ANY TIME LAPSES IN YOUR EMPLOYMENT RECORD DUE TO UNEMPLOYMENT OR OTHER REASONS**

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## EDUCATION

School Name & Address	Type of Degree Granted (BBA, BS, BA, AS, MPA) - Major and Minor -	Last Year Completed (Circle)	Number of Hours Completed	Diploma/Degree Circle Yes or No
<u>High School</u>		9 10 11 12		Diploma? Yes No GED? Yes No GPA _____
<u>College</u>		1 2 3 4		Degree? Yes No GPA _____
<u>College</u>		1 2 3 4		Degree? Yes No GPA _____
<u>Other</u>				Degree? Yes No GPA _____

## IMPORTANT – PLEASE READ

I understand that all information submitted and considered is subject to verification. I understand and hereby authorize and give permission for the City of Haltom City to conduct verification and/or investigations including but not limited to credit history, criminal history, driving record, character, employment history, reputation and any other job-related investigations as are necessary to determine my qualifications for employment. I authorize the schools, persons, previous employers and other organizations to provide the City with any and all information about me. I hereby release any such schools, persons, previous employers and other organizations or individuals from any and all liability for damages of whatever kind which may result to me, including but not limited to, claims for negligence, which they might otherwise incur as a result of disclosing the information about me.

I understand that if I am offered employment with the City of Haltom City, I will be required to pass a post-offer physical exam, which will include drug testing. Any offer of employment that I may receive will be conditioned upon the results of the post-offer physical exam. I also understand that if I become employed with the City of Haltom City, I will be required to comply with the City's drug testing policies and procedures.

I agree to conform to the rules and regulations of the City of Haltom City. The City has the right to amend, modify and revoke its rules & regulations at any time. For Civil Service positions, I understand that my employment can be terminated with or without cause during my probationary period. For appointed positions, I understand that my employment can be terminated with or without cause, and with or without notice, at the option of the City or myself. I understand that no employee or officer of the City has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I understand that decisions to fund steps and merit increases are made annually by the City Council and the existence of a pay plan or other document showing steps, merit increases, or ranges, does not guarantee a timed progression through a grade.

I certify that all statements and answers to all questions in this application are true, complete and correct and are made in good faith. I understand that falsification of any answers I have given will have serious consequences, including disqualification for employment and/or termination of employment without right of appeal. I understand that this application, along with any attachments, becomes the property of the City of Haltom City.

My employment shall be in accordance with the terms of this application, City rules and regulations and any amendments thereto. Failure to sign the application will result in an incomplete application and elimination from consideration.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SUPPLEMENTAL WORK & PERSONAL INFORMATION

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**The following information is requested for Human Resources use only.** This form will not be forwarded to the department in which you are applying. **INSTRUCTIONS:** Answer all questions. Omitted questions will be grounds for disqualification of your application. Falsification of information is grounds for disqualification of your application or immediate termination of employment. All certification statements agreed to on the general City of Haltom City application apply to information given here.

WITHIN THE LAST FIVE (5) YEARS, HAVE YOU EVER BEEN DISCHARGED OR DISCIPLINED BY AN EMPLOYER FOR:

TARDINESS	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____
JOB ABANDONMENT	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____
OTHER ATTENDANCE-RELATED PROBLEMS	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____
FIGHTING	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____
ASSAULT	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____
INSUBORDINATION	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____
VIOLATING SAFETY RULES	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____

EXPLAIN ANY "YES" RESPONSES GIVEN ABOVE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN DISCIPLINED OR DISCHARGED BY AN EMPLOYER FOR:

THEFT	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____
BEING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS WHILE AT WORK	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____
POSSESSION OF ALCOHOL OR DRUGS WHILE AT WORK	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____
SALE OF ALCOHOL OR DRUGS WHILE AT WORK	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____
UNAUTHORIZED REMOVAL OF EMPLOYER'S PROPERTY	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____
FALSIFYING EMPLOYMENT, EDUCATION, AND/OR APPLICATION INFO	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____
SEXUAL HARASSMENT OR SEXUAL IMPROPRIETY	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____

HAVE YOU EVER BEEN DISCHARGED (FIRED) FROM A JOB? YES \_\_\_ NO \_\_\_ DISCHARGED \_\_\_ DISCIPLINED \_\_\_ EMPLOYER \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY EXCLUDING MINOR TRAFFIC OFFENSES? YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN PLACED ON DEFERRED ADJUDICATION, DEFERRED PROBATION OR DEFERRED PROSECUTION? YES \_\_\_ NO \_\_\_

ARE YOU CURRENTLY ON PROBATION, COMMUNITY SUPERVISION OR PAROLE? YES \_\_\_ NO \_\_\_

HAVE YOU EVER TESTED POSITIVE FOR A CONTROLLED SUBSTANCE IN THE LAST TWO YEARS? YES \_\_\_ NO \_\_\_

HAVE YOU EVER REFUSED A REQUIRED TEST FOR DRUGS OR ALCOHOL IN THE LAST TWO YEARS? YES \_\_\_ NO \_\_\_

EXPLAIN ANY "YES" RESPONSES LISTED ABOVE AND GIVE DATES OF SAME. CONVICTION INFORMATION SHOULD INCLUDE STATE, COUNTY AND DATE OF OCCURRENCE. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**CITY OF HALTOM CITY**  
**Equal Employment Opportunity Data Record**

**DATA RECORD PURPOSE**

As a municipality and recipient of federal funds, the City of Haltom City is subject to federal and state laws requiring equal employment opportunity. In order to monitor compliance with these laws and to assure job openings reach qualified applicants, we ask all applicants for all positions to provide the following information, which will be maintained in a confidential manner to the extent authorized by law. This information will be separate from your application and employment-related files and will not be used as the basis for making employment decisions. Your voluntary participation in obtaining this information is greatly appreciated.

**GENERAL INFORMATION**

**TODAY'S DATE:** \_\_\_\_\_

**POSITION APPLIED FOR:**

Job Title: \_\_\_\_\_ Dept: \_\_\_\_\_

Gender:  Female  Male      Date of Birth: \_\_\_\_\_

**ETHNICITY** (check only one):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> White/Caucasian (non-Hispanic) | <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Hispanic or Latin              | <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Asian                          |
| <input type="checkbox"/> Two or more races              | <input type="checkbox"/> Other (please specify) _____              |   |

**REFERRAL SOURCES** (may check more than one):

- CITY RESOURCES:       HR Job Posting Board       City website       City Cable Channel (HCTV)  
 Other \_\_\_\_\_
- PROFESSIONAL ORGANIZATION: (please specify) \_\_\_\_\_
- PERIODICAL/JOURNAL:(please specify): \_\_\_\_\_
- OTHER:       City employee       Friend       TML       Walk-in       Job Line  
 TX Workforce Comm.       Internet site (please specify): \_\_\_\_\_  
 Newspaper Ad (please specify): \_\_\_\_\_  
 Other (please specify): \_\_\_\_\_