



CITY OF FRITCH

104 N. ROBEY AVE. FRITCH,
 TEXAS 79029
 TELEPHONE (806) 857-3143
 FAX (806) 857-3229

Employment Application (Please print)

Applicant Information

The City of Fritch is an equal opportunity employer that is committed to diversity and inclusion in the workplace. We prohibit discrimination and harassment of any kind based on race, color, sex, religion, sexual orientation, national origin, disability, genetic information, pregnancy, or any other protected characteristic as outlined by federal, state, or local laws.

This policy applies to all employment practices within our organization, including hiring, recruiting, promotion, termination, layoff, recall, leave of absence, compensation, benefits, training, and apprenticeship. The City of Fritch makes hiring decisions based solely on qualifications, merit, and business needs at the time.

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ DOB: _____

For Driving Jobs **Only**: Do you have a valid driver's license? YES NO

Driver's License number: _____ Driver's License Class: _____ Driver's License State: _____

Have you had your driver's license suspended or revoked in the last 3 years? YES NO

If yes, please give details: _____

Position Applied for: _____ Referred by: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you applied here before? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony or subject to deferred adjudication on a felony charge? YES NO **If "yes", explain in concise detail on a separate sheet of paper, giving dates, nature of the offense(s), name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will.**



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Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references:

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____



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Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO



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Company: Phone:
Address: Supervisor:
Job Title: Starting Salary: Ending Salary:
Responsibilities:
From: To: Reason for Leaving:
May we contact your previous supervisor for a reference? YES NO

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Company: Phone:
Address: Supervisor:
Job Title: Starting Salary: Ending Salary:
Responsibilities:
From: To: Reason for Leaving:
May we contact your previous supervisor for a reference? YES NO

Blank header bar

Company: Phone:
Address: Supervisor:
Job Title: Starting Salary: Ending Salary:
Responsibilities:
From: To: Reason for Leaving:
May we contact your previous supervisor for a reference? YES NO



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SKILLS, QUALIFICATIONS, LICENSES:

Summarize job-related skills and qualifications acquired from employment or other experience.

Summarize job-related training, licenses, and certifications acquired from employment or other experience.

Please attach all certificates and certifications

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

APPLICANT'S STATEMENT I certify that answers given herein are true and complete to the best of my knowledge and hereby authorize the review, full disclosure and release of all records concerning myself to any duly authorized agent of the City of Fritch. I understand that any information obtained by a background investigation will be considered in determining my eligibility for employment with the City of Fritch. I further certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any liability which may be incurred as a result of furnishing such information. If an offer of employment is extended, I understand that I may be subject to a pre-employment physical examination and drug test. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Fritch is of an "at will" nature, which means that I may resign at any time, or the City of Fritch may discharge me at time with or without cause. It is further understood that the "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of the City of Fritch specifically acknowledges such change in writing. I understand that false or misleading information given in my application or interview(s) may result in disqualification from further consideration or, if hired, may result in termination of employment.

Signature: _____ Date: _____



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AUTHORIZATION TO RELEASE INFORMATION TO:

_____,
I hereby request and authorize you to furnish the City of Fritch with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, credit history, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested.

The information will be used for the purpose of determining my eligibility for employment with the City of Fritch. I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as an employee of the City of Fritch.

Applicant's Name: (print) _____

Applicant's signature: _____

Social Security: _____

Date: _____

Note: THIS FORM MAY BE RETAINED IN YOUR FILES.