



# CITY OF DECATUR

## APPLICATION FOR EMPLOYMENT

201 East Walnut ~ P.O. 1299, Decatur, TX 76234  
Telephone: 940-627-2741 ~ Fax: 940-627-1822

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**INSTRUCTIONS:** Please complete in full. Print or type **all** information. False, misleading or incomplete information is cause for rejection or dismissal. Employment is subject to applicant satisfying the City's requirements as to character, employment testing, employment references, and post-offer physical examination and drug screen. This application, along with any attachments, becomes the property of the City of Decatur. An application is required for each position you apply.

All applicants meeting the City's minimum qualifications will be considered for employment without regard to race, religion, sex, national origin, age or the presence of a non-job-related medical condition or disability.

DATE \_\_\_\_\_ JOB APPLYING FOR: \_\_\_\_\_

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

IF OFFERED THE POSITION, WILL YOU ACCEPT THE STARTING SALARY? Yes \_\_\_\_\_ No \_\_\_\_\_

IF NO, WHAT SALARY IS DESIRED? \_\_\_\_\_

HOW DID YOU LEARN ABOUT US AND/OR THE POSITIONS FOR WHICH YOU APPLIED?

\_\_\_\_\_ Professional Organization/Network \_\_\_\_\_ Walk-In \_\_\_\_\_ Newspaper \_\_\_\_\_ City Employee

\_\_\_\_\_ Decatur Website \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Other \_\_\_\_\_

## PERSONAL

NAME \_\_\_\_\_ SS#: \_\_\_\_\_

Last First M.I.

ADDRESS \_\_\_\_\_

STREET APT # CITY STATE ZIP

TELEPHONE: Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

E-MAIL: Home : \_\_\_\_\_ Work: \_\_\_\_\_

ARE YOU CURRENTLY ON "LAY-OFF" STATUS & SUBJECT TO RECALL?..... Yes \_\_\_\_\_ No \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?..... Yes \_\_\_\_\_ No \_\_\_\_\_

ARE YOU ABLE TO TRAVEL IF THE JOB REQUIRES TO DO SO?..... Yes \_\_\_\_\_ No \_\_\_\_\_

DO YOU OR YOUR SPOUSE HAVE ANY FRIENDS/RELATIVES WHO

WORK FOR DECATUR?..... Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes: Name \_\_\_\_\_

Dept \_\_\_\_\_ Relationship \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY DECATUR?..... Yes \_\_\_\_\_ No \_\_\_\_\_

Dept: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Dates of Employment: Starting \_\_\_\_\_ Ending \_\_\_\_\_

HAVE YOU PREVIOUSLY FILED AN APPLICATION WITH DECATUR?..... Yes \_\_\_\_\_ No \_\_\_\_\_

PLACE AN "X" THROUGH ANY OF THE FOLLOWING THAT YOU ARE **UNABLE OR UNWILLING TO WORK:**

EVENINGS DEEP NIGHTS WEEKENDS HOLIDAYS ON CALL PART-TIME FULL-TIME TEMPORARY OVERTIME



INSTRUCTIONS: List **all** employers for which you have worked in the last **ten (10) years**, starting with the most recent or current employer. Complete **all** blanks. Please print or type. Describe all job duties performed which demonstrate your qualifications for the position for which you are applying. **BE ADVISED THAT A RESUME IS NOT A SUBSTITUTE FOR THE INFORMATION REQUESTED BELOW.** A resume may be attached as a supplement to the information given below. Failure to provide the required information may result in disqualification from active consideration.

EMPLOYMENT

**MOST RECENT EMPLOYER:** \_\_\_\_\_ **Starting Date:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_  
 \_\_\_\_\_  
 CITY STATE ZIP  
**NAME OF IMMEDIATE SUPERVISOR:** \_\_\_\_\_ **Starting Salary:** \_\_\_\_\_  
**YOUR POSITION:** \_\_\_\_\_ **Ending Salary:** \_\_\_\_\_  
**REASON FOR DESIRING CHANGE:** \_\_\_\_\_ **May we contact?** \_\_\_\_\_  
**DESCRIBE ALL DUTIES PERFORMED IN THIS POSITION ESPECIALLY THOSE WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE CURRENTLY APPLYING. PLEASE BE SPECIFIC:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER:** \_\_\_\_\_ **Starting Date:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_  
 \_\_\_\_\_  
 CITY STATE ZIP  
**NAME OF IMMEDIATE SUPERVISOR:** \_\_\_\_\_ **Starting Salary:** \_\_\_\_\_  
**YOUR POSITION:** \_\_\_\_\_ **Ending Salary:** \_\_\_\_\_  
**REASON FOR DESIRING CHANGE:** \_\_\_\_\_  
**DESCRIBE ALL DUTIES PERFORMED IN THIS POSITION ESPECIALLY THOSE WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE CURRENTLY APPLYING. PLEASE BE SPECIFIC:**  
 \_\_\_\_\_  
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 \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER:** \_\_\_\_\_ **Starting Date:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_  
 \_\_\_\_\_  
 CITY STATE ZIP  
**NAME OF IMMEDIATE SUPERVISOR:** \_\_\_\_\_ **Starting Salary:** \_\_\_\_\_  
**YOUR POSITION:** \_\_\_\_\_ **Ending Salary:** \_\_\_\_\_  
**REASON FOR DESIRING CHANGE:** \_\_\_\_\_  
**DESCRIBE ALL DUTIES PERFORMED IN THIS POSITION ESPECIALLY THOSE WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE CURRENTLY APPLYING. PLEASE BE SPECIFIC:**  
 \_\_\_\_\_  
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**NEXT PREVIOUS EMPLOYER:** \_\_\_\_\_ **Starting Date:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_  
 \_\_\_\_\_  
 CITY STATE ZIP  
**NAME OF IMMEDIATE SUPERVISOR:** \_\_\_\_\_ **Starting Salary:** \_\_\_\_\_  
**YOUR POSITION:** \_\_\_\_\_ **Ending Salary:** \_\_\_\_\_  
**REASON FOR DESIRING CHANGE:** \_\_\_\_\_  
**DESCRIBE ALL DUTIES PERFORMED IN THIS POSITION ESPECIALLY THOSE WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE CURRENTLY APPLYING. PLEASE BE SPECIFIC:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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

**CIRCLE THE HIGHEST GRADE COMPLETED:**

Grade School  
1 2 3 4 5 6 7 8

High School  
9 10 11 12

College  
1 2 3 4

Graduate School  
1 2 3 4

School/College Name And City Where Located Address	Type of Degree Granted (BBA, BS, BA, AS, MPA) Major & Minor	Circle Last Year of Education Completed For Each	Total Number of Hours Completed	Number of Hours Completed in Field	Diploma/Degree Granted & GPA
<u>High School</u>	Type: Major: Minor:	9 10 11 12			Diploma? Yes <input type="checkbox"/> No <input type="checkbox"/> GED? Yes <input type="checkbox"/> No <input type="checkbox"/> GPA _____
<u>College/University</u>	Type: Major: Minor:	1 2 3 4			Degree? Yes <input type="checkbox"/> No <input type="checkbox"/> GPA _____
<u>College/University</u>	Type: Major: Minor:	1 2 3 4			Degree? Yes <input type="checkbox"/> No <input type="checkbox"/> GPA _____
<u>Graduate School</u>	Type: Major: Minor:	1 2 3 4			Degree? Yes <input type="checkbox"/> No <input type="checkbox"/> GPA _____
<u>Business/Trade</u>	Type: Major:	1 2 3 4			

**PLEASE DESCRIBE ANY COURSES, PROGRAMS OR OTHER ACTIVITIES WHICH YOU PARTICIPATED IN THAT RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE LIST ANY PROFESSIONAL ASSOCIATIONS, LICENSING AND/OR CERTIFICATION WHICH YOU PARTICIPATE IN OR HAVE ACQUIRED:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SERVICE IN THE U.S. ARMED FORCES:**

1. HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? YES NO  
 A. A COPY OF FORM DD214 MUST BE PROVIDED TO THE HUMAN RESOURCES OFFICE PRIOR TO TESTING OR INTERVIEWING IN ORDER TO RECEIVE MILITARY POINTS.  
 B. ANY JOB RELATED EXPERIENCE \_\_\_\_\_
2. ARE YOU PRESENTLY A MEMBER OF A MILITARY RESERVE UNIT? \_\_\_\_\_

**E D U C A T I O N**



FAILURE TO SIGN WILL RESULT IN AN INCOMPLETE APPLICATION.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following information is requested for **Human Resources use only**. **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. Please provide three (3) professional and three (3) personal references.

### PROFESSIONAL REFERENCES

**REFERENCES — #1 PROFESSIONAL:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Years Known: \_\_\_\_\_

**REFERENCES — #2 PROFESSIONAL:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Years Known: \_\_\_\_\_

**REFERENCES — #3 PROFESSIONAL:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Years Known: \_\_\_\_\_

### PERSONAL REFERENCES

**REFERENCES — #1 PERSONAL:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Years Known: \_\_\_\_\_

**REFERENCES — #2 PERSONAL:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Years Known: \_\_\_\_\_

**REFERENCES — #3 PERSONAL:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Years Known: \_\_\_\_\_

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## 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 Decatur 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 Decatur, I will be required to take 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. In addition, positive results of the post-offer drug test will disqualify me from employment. I also understand that if I become employed with the City of Decatur, I will be required to comply with the City's drug testing policies and procedures.

I understand also that I am required to abide by all rules and regulations of the City and department. The City shall have the right to amend, modify or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations now or hereafter in effect.

In consideration of my employment, I agree to conform to the rules and regulations of the City of Decatur. I understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, 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, merit increases, or salary adjustments 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.

My employment shall be in accordance with the terms of this application, City rules and regulations and any amendments thereto. The City shall have the right to amend, modify or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations now or hereafter in effect. Failure to sign the application will result in an incomplete application and will be disqualified.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**FAILURE TO SIGN WILL RESULT IN AN INCOMPLETE APPLICATION.**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 Decatur 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 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 AT WORK..... YES \_\_\_ NO \_\_\_ DISCHARGED \_\_\_ DISCIPLINED \_\_\_ EMPLOYER \_\_\_\_\_
- UNAUTHORIZED REMOVAL OF EMPLOYER'S PROPERTY..... YES \_\_\_ NO \_\_\_ DISCHARGED \_\_\_ DISCIPLINED \_\_\_ EMPLOYER \_\_\_\_\_
- FALSIFYING EMPLOYMENT, EDUCATION, AND/OR APPL. 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 \_\_\_ 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 GIVEN ABOVE AND GIVE DATES OF SAME. CONVICTION INFORMATION SHOULD INCLUDE STATE, COUNTY AND DATE OF OCCURRENCE. \_\_\_\_\_  
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# CITY OF DECATUR

## Equal Employment Opportunity Data Record

**DATA RECORD PURPOSE:**

As a municipality and recipient of federal funds, the City of Decatur 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. After completion, please return to the City at the following address as soon as possible:

City of Decatur  
 Human Resources Department  
 201 East Walnut ~ P.O. Box 1299  
 Decatur, Texas 76234  
 T: 940-627-2977 ~ F: 940-222-1822

**APPLICANT INFORMATION:**

Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Gender:  Female  Male Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**POSITION APPLIED FOR:**

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

**ETHNICITY (check only one):**

White/Caucasian (non-Hispanic)  African American/Black  American Indian/Alaskan Native  
 Hispanic (including persons of Mexican, Puerto Rican, Cuban, South American or other Spanish origin or culture regardless of Race)  
 Asian or Pacific Islander  Other (please specify) \_\_\_\_\_

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

CITY RESOURCES:  HR Job Posting Board  City website  Other \_\_\_\_\_

NEWSPAPER:  Fort Worth Star Telegram  Dallas Morning News  Wise County Messenger  
 Other \_\_\_\_\_

PROFESSIONAL ORGANIZATION: (please specify) \_\_\_\_\_

PERIODICAL/JOURNAL: (please specify): \_\_\_\_\_

OTHER:  City employee  Friend not working at the City Agency  TML  
 Texas Workforce  Internet site (please specify): \_\_\_\_\_

**SIGNATURE:**

\_\_\_\_\_  
 Printed Name of Applicant

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

\_\_\_\_\_  
 Date