

TOWN OF VAN HORN APPLICATION FOR EMPLOYMENT

IMPORTANT: Read Terms of Employment carefully. Print or type answers to every question. IT IS THE POLICY OF THE TOWN OF VAN HORN TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITY WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL OR VETERAN STATUS OR DISABILITY.

PERSONAL DATA

Last Name _____ First Name _____ Middle Name _____ Date _____

Present Address (Street and Number) _____ Telephone () _____

(City, State, and Zip Code) _____ For How Long? _____

If you have lived at the above address less than 12 months, list previous address:

Previous Address, (Street and Number) _____ Telephone () _____

(City, State, and Zip Code) _____ For How Long? _____

Date of Birth* _____ Social Security Number _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name: _____

Address: _____ Telephone () _____

HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY LAW (EXCEPT MINOR TRAFFIC VIOLATIONS), OR HAVE YOU EVER PLED GUILTY OR NOLO CONTENDERE TO A CRIMINAL CHARGE, IN ORDER TO QUALIFY FOR DEFERRED ADJUDICATION?

____ Yes ____ No

If yes, please attach summary of details. Disclosure of a criminal record does not automatically disqualify you from employment consideration. Your case will be judged on its own merits.

Do you have a driver's license? ____ Yes ____ No Type _____ State _____ Expiration Date _____

Do you have adequate means of transportation to get to work on time each day and when called in on short notice? ____ YES ____ NO

Will you work overtime whenever scheduled or requested? ____ YES ____ NO

Can you work weekends whenever scheduled or requested? ____ YES ____ NO

Can you travel if the job requires it? ____ YES ____ NO

*DO NOT ANSWER IF PROHIBITED BY STATE LAW

CURRENT EMPLOYMENT

Are you currently employed?

May we contact your present employer?

Why are you seeking a new position?

EDUCATION

| Schools Attended | Name and Address of School | From Mo./Yr.* | To Mo./Yr.* | Graduated (Yes or No) | Degree or Type of Diploma | Major Course of Study |
|-----------------------|----------------------------|---------------|-------------|-----------------------|---------------------------|-----------------------|
| High School | | | | | | |
| College or University | | | | | | |
| College or University | | | | | | |
| Graduate School | | | | | | |
| Business or Technical | | | | | | |

If you attended college but did not graduate, how many credit hours needed for degree? Associate _____ Bachelor _____

List any special certifications you possess, including awarding agency, certificate number and date:

List any scholarships, academic honors, awards, or special achievements:

List languages which you speak and/or read proficiently:

List any special skills you possess (Electrical, Mechanical, Clerical or Technical):

*DO NOT ANSWER IF PROHIBITED BY STATE LAW

OFFICE SKILLS

| |
|---|
| Check boxes of skills you possess <input type="checkbox"/> Copier <input type="checkbox"/> Phone System <input type="checkbox"/> Calculator <input type="checkbox"/> Teletype <input type="checkbox"/> Fax machine <input type="checkbox"/> Word processing equipment <input type="checkbox"/> Electronic Typewriter |
| Typing (wpm) _____ Shorthand (wpm) _____ Speed writing (wpm) _____ |
| Please list all types of computer hardware that you are proficient at using: |
| Please list all types of computer software that you are proficient at using: |

MILITARY SERVICE

| | | | | |
|---------|----------------|-----------------------------|-----------------|------------------|
| Branch* | Grade or Rank* | Nature of duty or training* | Induction Date* | Separation Date* |
|---------|----------------|-----------------------------|-----------------|------------------|

| | |
|---------------------------------|----------------------------------|
| Present Service Classification* | Type of Discharge or Separation* |
|---------------------------------|----------------------------------|

PERSONAL REFERENCES

| |
|--|
| Please provide the names, addresses, and phone numbers of three references (not including relatives or prior employers): |
|--|

| Name | Address | Telephone Number | How long have you known this individual? |
|------|---------|------------------|--|
| | | | |
| | | | |
| | | | |

TERMS OF EMPLOYMENT

I, the undersigned, state that all information given by me in this application is true to the best of my knowledge. I authorize the Town of Van Horn to verify such information and to contact any reference given by me. Should I be employed by the Town of Van Horn, I agree that:

- My employment shall be in accordance with the terms of this application and the Town of Van Horn rules and regulations, which may be modified at any time by the Town of Van Horn.
- Neither acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other customary practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of the Town of Van Horn, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of the Town of Van Horn. Both the undersigned and the Town of Van Horn may end the employment relationship at any time, without specified notice or reason, and without liability by the Town of Van Horn to the undersigned except for earned wages or salary.
- I understand and agree that any employee handbook that I may receive will not constitute an employment contract, but will be merely a gratuitous statement of the Town of Van Horn's then existing policies.
- I understand that my employment may be terminated or I may resign at any time, with or without notice, with or without cause, the Town of Van Horn's only obligation being to pay me wages or salary earned by me to date of termination. I further acknowledge and agree that the period of my employment is indefinite and that no documents of the Town of Van Horn shall constitute a contract of employment. The policy set forth in this paragraph may be modified only by written agreement signed by me and by an officer of the Town of Van Horn.
- I agree that employment may be contingent upon meeting all placement considerations, including medical ones.
- All right, title, and interest, including, without limitation, all copyrights and patents, in and to any material produced or inventions developed by me which affect or relate to the Town of Van Horn's business or affect or relate to the Town of Van Horn's industry shall vest in the Town of Van Horn and I shall have no personal right, title, or interest whatsoever therein.
- The Town of Van Horn, and any person or concern it may authorize, shall be entitled, without further consent, to copyright, sell, or use in any manner, any picture or photograph of me.
- The Town of Van Horn shall have the right at any time after the termination of my employment to furnish to others information concerning my employment record, work habits, and work performance with the Town of Van Horn, including the information contained in this application, or copies of any information which is maintained in my personnel file. I specifically release the Town of Van Horn, its officers, directors, agents, and employees from any and all liability regarding the release of any information described in this paragraph.

- I agree not to disclose any of the Town of Van Horn's trade secrets or other confidential or restricted information and not to make use of such trade secrets or confidential or restricted information in any fashion during employment or after my employment with the Town of Van Horn is terminated.
- I authorize the Town of Van Horn to investigate all statements contained in this application and hereby release former employers and the Town of Van Horn from any and all liability on account of furnishing such information to the Town of Van Horn. I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ. I hereby authorize the individuals listed as personal references to release any personal information that may pertain to my work habits or work performance.
- I understand that the Town of Van Horn will require applicants for employment to take a urinalysis or blood test for drug and alcohol screening as part of the selection process, and that any offer of employment with the Town of Van Horn is contingent upon the results of these tests being satisfactory. I understand that if I am employed with the Town of Van Horn, the Town of Van Horn will require that I submit to a drug or alcohol screen if I am involved in an on-the-job accident, or if the Town of Van Horn has a reasonable suspicion that I am under the influence of drugs or alcohol, and I hereby authorize the release of the results of any physical examinations or drug tests required herein to the Town of Van Horn. I further understand that the Town of Van Horn may inspect all lockers and any bags (including purses or briefcases) or parcels brought into or taken out of the Town of Van Horn premises, or any other premises in which I am assigned to conduct Company business, and that my refusal to submit to a urinalysis, blood test, or search, or tampering with any such test or search, may result in the termination of my employment.
- In making this application for employment it is understood that an investigative consumer report may be prepared whereby information concerning my character, general reputation, personal characteristics and mode of living may be obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. Also, an investigation may be requested to be made of my credit standing by a consumer reporting agency. I authorize both or either of such investigations to be made. I further understand that upon written request made within a reasonable period of time, I have the right to obtain additional detailed information about the nature and scope of these investigations, if made.
- If any injury to me or death in connection with my employment shall be subject to workers' compensation laws, I waive for myself, my heirs, and representatives, all actions at law against the Town of Van Horn for damages for such injury or death and agree to accept the applicable compensation award provided for by the laws of the state in which I am stationed at the time of such injury or death.
- Employment of relatives (including spouses) will be reviewed on a case-by-case basis to ensure that such employment does not involve conflicts of interest or other adverse consequences to business operations.
- I understand that relatives of elected officials of the Town of Van Horn or any subsidiary of the Town of Van Horn are not eligible for employment under the terms of the Nepotism Law of the State of Texas. I hereby affirm that I am not a relative of any elected official of the Town of Van Horn or any subsidiary of the Town of Van Horn as defined by the nepotism laws of the state of Texas within the third degree of consanguinity (blood) or the second degree of affinity (marriage). I also understand that falsification of this information in connection with employment will be grounds for immediate termination, regardless of when such falsification is discovered.

FALSIFICATION, MISREPRESENTATION, OR OMISSION OF INFORMATION ON THIS, OR ON ANY OTHER EMPLOYMENT FORM, SHALL BE GROUNDS FOR IMMEDIATE TERMINATION, REGARDLESS OF WHEN SUCH FALSIFICATION, MISREPRESENTATION, OR OMISSION IS DISCOVERED.

Signature of Applicant

Date

WE APPRECIATE YOUR INTEREST IN THE TOWN OF VAN HORN AND THE TIME YOU HAVE TAKEN TO PREPARE THIS APPLICATION.

Human Resource Use Only:

Date of Interview: _____

Date of Offer: _____

Start Date: _____

Department: _____

Wage Rate: _____