

# Application for Employment

City of Lake Dallas · P.O. Box 368/212 Main Street · Lake Dallas, Texas 75065  
 940-497-2226/fax: 940-497-4485/e-mail: lakedallas@lakedallas.com

We consider applicants for all positions without regard to race color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**(PLEASE PRINT)**

Position(s) Applied For			Date of Application		
How did you learn about us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Driver's License Number / State / Class				Social Security Number	
Telephone Number(s)					

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  
*Conviction will not necessarily disqualify an applicant from employment.*

Yes  No

If Yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

## Education

	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
<b>High School</b>				
<b>Undergraduate College</b>				
<b>Graduate Professional</b>				
<b>Other (Specify)</b>				

Indicate any foreign languages you can speak, read and / or write

	FLUENT	GOOD	FAIR
<b>SPEAK</b>			
<b>READ</b>			
<b>WRITE</b>			

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any job-related training received in the United States military.

\_\_\_\_\_

\_\_\_\_\_

## Employment Experience

Start with you present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

**1.**

Employer		Dates Employed:		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary:		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

**2.**

Employer		Dates Employed:		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary:		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

**3.**

Employer		Dates Employed:		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary:		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

**4.**

Employer		Dates Employed:		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary:		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.



## 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 whether or not applications are being accepted at that time.  
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.  
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.

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

\_\_\_\_\_  
Date

### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview     Yes     No

Remarks:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed     Yes     No

Date of Employment \_\_\_\_\_

Hourly Rate/

Job Title \_\_\_\_\_

Salary \_\_\_\_\_

Department \_\_\_\_\_

By: \_\_\_\_\_

NAME AND TITLE

DATE

### NOTES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

