



EMPLOYMENT APPLICATION

City of Aubrey
107 S. Main
Aubrey, TX 76227
940-440-9343

Instructions: Please print. Applicants must complete all blanks accurately and completely. Neatness and legibility are important! Questions may be directed to the Administrative Services Coordinator at the above address and telephone number.

The City of Aubrey is an Equal Opportunity Employer.

In accordance with the Civil Rights Acts of 1964 and 1991, as amended, the Age Discrimination in Employment Act, and the Americans with Disabilities Act, the City of Aubrey prohibits discrimination in employment because of race, color, sex, religion, national origin, age or disability.

TITLE OF JOB AND DEPARTMENT FOR WHICH YOU ARE APPLYING: _____

NAME: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____
(NUMBER) (STREET) (APT#) (CITY) (STATE) (ZIP)

SOCIAL SECURITY: _____ DL#: _____ DATE TO START WORK: _____

PHONE NUMBER: (____) _____ (____) _____ (____) _____
(HOME) (WORK) (CELL)

CHECK ALL TYPES OF WORK YOU WILL ACCEPT:
___ REGULAR ___ TEMPORARY ___ DAY WORK ___ EVENING WORK ___ NIGHT WORK
___ WEEKEND WORK ___ SHIFT WORK ___ FULL TIME ___ PART TIME

CIRCLE YOUR HIGHEST EDUCATION LEVEL: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19+
(Copies of diplomas and/or transcripts may be requested)

Are you a High School Graduate? Yes ___ No ___ or GED? Yes ___ No ___		
College, Business, Technical Schools attended:	Course/Major	Hours Completed Degree Type/Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employer Notes:

1. If hired, can you show proof that you are legally eligible to work in the United States? In compliance with the Immigration Reform and Control Act of 1986, the City of Aubrey requires that the identity and employment eligibility of all new employees be verified through completion of the INS Form I-9. Yes _____ No _____

2. Have you ever been fired or asked to resign from a job? Yes _____ No _____
If "yes", explain. _____

3. Have you ever plead guilty or been convicted of a crime in a civilian or military court? (This does not include Class "C" misdemeanor traffic violations which are more than three (3) years old.) If yes, please explain. If you have successfully completed a deferred adjudication or other probated sentence related to that crime, provide the date of completion and location of the court/agency administering the adjudication or probation. _____

4. At the time of making this application, are you under felony indictment or charged with a misdemeanor criminal violation? Yes _____ No _____
If the answer is "yes", please describe the charge(s). _____

5. Have you ever had your driver's license suspended or revoked? Yes _____ No _____
If "yes", please explain. _____

6. Are you now working or have you ever worked for the City of Aubrey? Yes _____ No _____
If "yes", please explain. _____

7. Do you have any relatives, by blood or by marriage, working for or holding office for the City of Aubrey? Yes _____ No _____
If yes, please explain. _____

Failure to answer the above questions truthfully may result in immediate dismissal. Answers of "yes", to questions 2-7 will not necessarily disqualify you from employment. Your case will be considered in relationship to the requirements of the job for which you are applying.

Remarks:
<p>Special qualifications and skills: List qualifications and skills you possess which are required for the job described in the official job announcement, such as driver's license (give type and number), typing and/or shorthand proficiency (give speeds), ability to operate specialized machinery or equipment, or professional registration or licensing (give type, number and expiration date). Indicate any training you have had which is directly related to the job.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

PROVIDE LAST 5 YEARS EMPLOYMENT HISTORY

Employer's Information	
EMPLOYER: _____	
(NAME)	
ADDRESS: _____	
(STREET ADDRESS)	(CITY) (STATE & ZIP)
PHONE NUMBER: (____) _____	JOB TITLE: _____
DUTIES: _____	

SUPERVISOR: _____	CO-WORKER: _____
DATES OF EMPLOYMENT: FROM _____ TO _____	
REASON FOR LEAVING: _____	

Employer's Information

EMPLOYER: _____
(NAME)

ADDRESS: _____
(STREET ADDRESS) (CITY) (STATE & ZIP)

PHONE NUMBER: (____) _____ JOB TITLE: _____

DUTIES: _____

SUPERVISOR: _____ CO-WORKER: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING: _____

Employer's Information

EMPLOYER: _____
(NAME)

ADDRESS: _____
(STREET ADDRESS) (CITY) (STATE & ZIP)

PHONE NUMBER: (____) _____ JOB TITLE: _____

DUTIES: _____

SUPERVISOR: _____ CO-WORKER: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING: _____

Employer's information

EMPLOYER: _____
(NAME)

ADDRESS: _____
(STREET ADDRESS) (CITY) (STATE & ZIP)

PHONE NUMBER: (____) _____ JOB TITLE: _____

DUTIES: _____

SUPERVISOR: _____ CO-WORKER: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING: _____

Employer's information

EMPLOYER: _____
(NAME)

ADDRESS: _____
(STREET ADDRESS) (CITY) (STATE & ZIP)

PHONE NUMBER: (____) _____ JOB TITLE: _____

DUTIES: _____

SUPERVISOR: _____ CO-WORKER: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING: _____



City of Aubrey
Administrative Services Department
107 S. Main
Aubrey, TX 76227
940-440-9343

WAIVER OF INFORMATION

To: Aubrey Police Department
Aubrey, TX

I request and authorize you to furnish the City of Aubrey Administrative Services Department any and all information concerning any and all arrest and conviction records. This information will be used to assist the City in determining the accuracy of the information I provided and my qualifications and fitness for the position I am seeking with the City of Aubrey, Texas.

Return information should be directed to:

Nancy Downes
City of Aubrey
107 S. Main
Aubrey, TX 76227

Applicant Name (Print)

Applicant Signature

Date

APPLICATION WILL BE CONSIDERED INCOMPLETE IF “WAIVER OF INFORMATION” IS NOT NOTARIZED WHEN SUBMITTED.

Subscribed and sworn to before me this the _____ day of _____, 20____.

Notary Public, State of Texas

My Commission Expires: _____



City of Aubrey
Administrative Services Department
107 S. Main
Aubrey, TX 76227
940-440-9343

CRIMINAL HISTORY RECORDS CHECK

With regards to the attached "Waiver of Information" for the release of information concerning any criminal records under my name(s) to the City of Aubrey, I provide the following information:

Present Name: _____
(Please print) First Middle Last

Other Names by which I have been known:

Names:

Dates:

Date of birth: _____
 Month Date Year

Social Security Number: _____

Applicant Signature

Date

APPLICATION WILL BE CONSIDERED INCOMPLETE IF "CRIMINAL HISTORY RECORDS CHECK" IS NOT NOTARIZED WHEN SUBMITTED.

Subscribed and sworn to before me this the _____ day of _____, 20____.

Notary Public, State of Texas
My Commission Expires: _____