



CITY OF DENISON

-AN EQUAL OPPORTUNITY EMPLOYER-

Last Name First Name Middle Name

Address: street city state zip code

Phone Number: Email address:

Position applied for: Date to start:

Are you currently on "lay-off status" and subject to recall? yes no

If yes, please explain:

Have you ever been fired or asked to resign? yes no

Have you ever been employed by the City of Denison? yes no

If yes, what dates, what position & department:

List your last three employers, starting with your present or most recent one. Include military, part-time, summer & volunteer work. periods of unemployment should be explained.

Employer: Job title:

Address: street city state zip code phone number

Dates employed: From: To:

Hourly rate/salary: Work performed:

Reason for leaving:

Supervisor: May we contact? yes no

Employer: Job title:

Address: street city state zip code phone number

Dates employed: From: To:

Hourly rate/salary: Work performed:

A valid driver's license and a good driving record is required for positions in public works, utilities, and some other city departments. some of these positions require a commercial driver's license.

Date of birth: _____ License no: _____ State: _____ Expiration: _____

Type of license: ____ Chauffeurs ____ Commercial ____ Operators

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN: I AUTHORIZE ANY AND ALL LAW ENFORCEMENT AGENCIES TO RELEASE ANY AND ALL INFORMATION IN POLICE FILES PERTAINING TO ANY CRIMINAL ACTIVITY OR TRAFFIC VIOLATIONS ENGAGED IN BY ME TO THE PERSON OR BUSINESS FIRM BY WHATEVER NAME KNOWN, AS INDICATED BELOW. I RELEASE EACH LAW ENFORCEMENT AGENCY FROM DAMAGES OF WHATEVER KIND WHICH MAY AT ANY TIME RESULT TO ME, MY HEIRS, FAMILY, OR ASSOCIATES, BECAUSE OF COMPLIANCE WITH THIS REQUEST TO RELEASE INFORMATION, OR ANY ATTEMPT TO COMPLY WITH IT.

Applicant's Signature

Date

*Please make certain that all questions have been answered and the application is completed correctly before signing this application.

THIS INFORMATION IS REQUESTED BY THE CITY OF DENISON

Do you have a relative now working for the City of Denison? ____ yes ____ no

If yes, their name and relationship to you: _____

What position and department? _____

Have you ever been convicted of any misdemeanor or felony in adult court?

____ yes ____ no

If yes, please give details. if you have more than two convictions, request additional copies of this page. A conviction will not automatically keep you from being considered for city employment.

With what were you charged? _____

When: _____ Where: _____
month year city state

Fine: ____ yes ____ no If yes, how much? _____

Jail/prison: ____ yes ____ no If yes, where? _____

Probation: ____ yes ____ no If yes, begin date: _____ End date: _____

Parole completed/will complete: _____

When: _____ Where: _____
month year city state

Fine: ____ yes ____ no If yes, how much? _____

Jail/prison: ____ yes ____ no If yes, where? _____

Probation: ____ yes ____ no If yes, begin date: _____ End date: _____

Parole completed/will complete: _____

I, THE UNDERSIGNED, CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS FORM IN ITS ENTIRETY, AND THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE. I UNDERSTAND THAT SHOULD ANY STATEMENT I HAVE MADE PROVE FALSE, MISLEADING OR ERRONEOUS, IT MAY RESULT IN THE REJECTION OF MY APPLICATION OR, IF HIRED, DISMISSAL FROM THE CITY OF DENISON. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, AND ANY OTHER PERTINENT INFORMATION THEY MAY HAVE, PERSONAL, OR OTHERWISE, AND I RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO THE CITY. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS "AT WILL" OR CONTINGENT AT THE PLEASURE OF THE CITY OF DENISON AND IS FOR NO DEFINITE PERIOD, AND REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, MAY BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

Applicant's signature

Date

*Please make sure that all questions have been answered and that application is completed correctly before signing this application.

DISCLOSURE & AUTHORIZATION FOR RELEASE OF INFORMATION

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the fair credit reporting act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation, you are also entitled to a copy of your consumer rights us the fair credit reporting act.

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the fair credit reporting act, 15 USC, Section 1681 ET SEQ., the Americans with disabilities act and all applicable federal, state, and local laws, I hereby authorize and permit "The City of Denison" to obtain a consumer report and/or investigative consumer report which may include the following:

- 1. My employment records;
- 2. Records concerning any driving, criminal history, credit history, civil record, worker' compensation (post-offer only) and drug testing;
- 3. (For truck drivers only) In accordance with the department of transportation motor carrier safety regulations, Section 382.413, information concerning alcohol and controlled substances for the past two years;
- 4. Verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as "The City of Denison" from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the fair credit reporting act may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize "The City of Denison" to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application.

Full Name _____
Please print
Signature
Date