# APPLICATION FOR EMPLOYMENT

CITY OF TERRELL P. O. BOX 310 TERRELL, TEXAS 75160

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

	(PLE)	ASE PRINT)	handle to the state of		
Position(s) Applied For			Date	of Application	
How Did You Learn About Us?  Advertisement Employment Agency	☐ Relative ☐ Friend	☐ Inquiry ☐ Other			
Last Name	First Name		Middle N	ame	
Address Number S	freet	City	State	Zip C	Code
Telephone Number(s)	And the second s		Social Security N	umber (Volunta	ry)
Best time to contact you at ho	me is:			*	AM PM
If you are under 18 years of ag proof of your eligibility to wor		required		□ Yes	□ No
Have you ever filed an applica	tion with us before	?	******	🗆 Yes	□ No
***************************************	*******************	If Yes, give dat	e		
Have you ever been employed	with us before?			🗆 Yes	□ No
If Yes, give date					
Do any of your friends or rela	tives, other than sp	ouse, work here?			□ No
Are you currently employed?	h		**********	🗆 Yes	□ No
May we contact your present	employer?		******************	🗆 Yes	□ No
Are you prevented from lawfu country because of Visa or In Proof of citizenship or in	migration Status?		employment	🗆 Yes	□ No
Date available for work/	/ What is	your desired salary	range?	······	
Are you available to work:	☐ Full-Time	(please indicate	1 2 3 shift)		
	Part-Time	(please indicate	Mornings After	noon Evenii	ngs)
	Temporary	(please indicate	dates available _		_//)
Are you currently on "lay-off"	status and subject	to recall?	***************	🗆 Yes	□ No
Can you travel if a job requir	es it?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******	🗆 Yes	□ No

## **EDUCATION**

	Address ool	Course of Study	Number of Years Completed	Diploma Degree
Undergraduate College  Graduate Professional  Other (Specify)  Scribe any specialized training, apprentice				
Graduate Professional  Other (Specify)  scribe any specialized training, apprentice				
Other (Specify)  Scribe any specialized training, apprentice				
(Specify)  scribe any specialized training, apprentice				
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escribe any job-related training received i				
	ved in the	e United States military.		
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### **EMPLOYMENT EXPERIENCE**

Start with your 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.

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#### **APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

Signature of Applicant

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.

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.

		FOR	PERSONNE	L DE	PARTMENT U	SE ONLY		
Arrange Int Remarks	erview	□Yes	□ No					
Employed	□Yes	□No	Date of	Empl	oyment	INTERVIEWER	DATE	
Tob Title		Н	ourly Rate/ Salary		Department _			_
100 Tine								

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.





Date

## ADDITIONAL INFORMATION

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CIALIZED SKILLS	(CHECK SKILLS/	EQUIPMENT OPERA	TED)		
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FOR PERSON!	NEL DEPARTMENT USE ONLY
Position(s) Applied For Is Open:	Yes No
Position(s) Considered For:	
	Date

NAME:

POSITION:

DATE: