

FOR OFFICE USE ONLY

Action(s)

Date(s)

_____	_____
_____	_____
_____	_____

**APPLICATION FOR EMPLOYMENT**

*An Equal Opportunity/Affirmative Action Employer*

If you need assistance in completing the employment application, please inquire at the Human Resource Manager's office. Furthermore, this employer conducts pre-employment qualification testing and personal interviews in the application process. If you believe you will require reasonable accommodation (e.g., interpreter, TDD, scheduling adjustments) for pre-employment testing or a personal interview, you must notify the Human Resource Manager's office at least 24 hours prior to the scheduled test or interview. Please complete in black or blue ink, or type.

**PERSONAL DATA**

\_\_\_\_\_  
 (Last Name) (First Name) (Initial)

\_\_\_\_\_  
 (Street Address, RFD, or P.O. Box)

\_\_\_\_\_  
 (City) (State) (Zip Code)

**Phone Number:**( ) \_\_\_\_\_ **E-mail address (optional):** \_\_\_\_\_

**Position(s) Applied For:** \_\_\_\_\_

**When would you be available to start work?** \_\_\_\_\_

Check each type of work you will accept:  Regular  Temporary  Part time  Full time

Have you filed an application here before?  Yes  No If yes, date: \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, date(s): \_\_\_\_\_

Are you or your spouse related to any officer or employee of this employer?  Yes  No

Minimum Acceptable Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ (e.g., per week, month, year, etc.)

**EDUCATION AND TRAINING:**

Name of Schools Attended and Location	Dates Attended		Average Grades	Major Field	Degree Received
	From	To			

**SKILLS:**

The following space is provided for other information concerning special training, interests, career goals, or any other data you wish to provide.

- |  |  |
|--|--|
| <p>Computer: <input type="checkbox"/> IBM-PC, _____ wpm</p> <p><input type="checkbox"/> Macintosh, _____ wpm</p> <p><input type="checkbox"/> Other computer, specify: _____</p>  | <p>Software Proficiency: <input type="checkbox"/> WordPerfect, Version _____</p> <p><input type="checkbox"/> Word, Version _____</p> <p><input type="checkbox"/> Other word processing program, specify: _____</p>   |
| <p>Equipment: <input type="checkbox"/> Standard Business Copier(s)</p> <p><input type="checkbox"/> Calculator (by touch)</p> <p><input type="checkbox"/> Photography Equipment specify: _____</p> <p><input type="checkbox"/> PBX or other Switchboard</p> <p><input type="checkbox"/> Other Equipment, specify: _____</p> | <p><input type="checkbox"/> Lotus 1-2-3, Version _____</p> <p><input type="checkbox"/> Excel, Version _____</p> <p><input type="checkbox"/> Other spreadsheet, specify: _____</p> <p><input type="checkbox"/> Database, specify: _____</p> <p><input type="checkbox"/> Desktop Publishing, specify: _____</p> <p><input type="checkbox"/> Other Software, specify: _____</p> |

**EMPLOYMENT EXPERIENCE:**

List each position held. Start with your present or most recent assignment and work backward. If you need additional space, please continue on separate sheet(s) of paper. In the column at the right, describe your assignments. Attach additional sheets as necessary. Resume may be submitted to supplement this information, but the information below must be completed for this application to be considered.

May inquiry be made of your present employer?  Yes  No

Employer:	Address:	Dates: From	To
Job Title:	Summary of Job Duties:	Supervisor:	
Reason for Leaving:		Starting Salary:	Ending Salary:
Employer:	Address:	Dates: From	To
Job Title:	Summary of Job Duties:	Supervisor:	
Reason for Leaving:		Starting Salary:	Ending Salary:
Employer:	Address:	Dates: From	To
Job Title:	Summary of Job Duties:	Supervisor:	
Reason for Leaving:		Starting Salary:	Ending Salary:
Employer:	Address:	Dates: From	To
Job Title:	Summary of Job Duties:	Supervisor:	
Reason for Leaving:		Starting Salary:	Ending Salary:

**ADDITIONAL INFORMATION:**

By law, you must be authorized to work in the United States in order to be employed by this employer. If you are one of the following, please check this box:

- A citizen or a national of the United States.
- An alien lawfully admitted for permanent residence.
- An alien authorized by the Immigration and Naturalization Service to work indefinitely in the United States.

Have you ever been convicted of a felony or other crime?  Yes  No

If yes, please explain on reverse side of page. (You may omit convictions for minor traffic violations unless the position for which you are applying requires the operation of a motor vehicle. Conviction will not result in your automatic disqualification for employment. The seriousness of the crime, the date of conviction, and the relevance of the crime to this position will be considered.)

If the position for which you are applying requires operating a motor vehicle, do you have a valid Texas driver's license?

Yes  No

If yes, type of license:  Operator  Commercial, Type \_\_\_\_  Chauffeur

**REFERENCES:**

List three persons not related to you who are qualified to describe your capabilities for the position you seek.

Name	Address	Phone	Occupation

I hereby authorize this employer to review and obtain my employment records from all of the employers listed above, and by my signature below, and I authorize any former employer to release to this employer or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents verifying my identity and eligibility for employment. In addition, I understand that, if selected for an interview, true copies of all degrees, certificates, or licenses listed on this application will be required before an employment decision can be made. A photocopy of this authorization shall be as valid as the original.

I certify that the statements and information contained herein are true, complete, and correct to the best of my knowledge, and I understand that any misrepresentation made in this application will result in failure to hire me or, in the event of my employment, will result in my discharge.

I understand and agree that any offer of employment will be contingent upon my satisfactorily passing a drug and alcohol test. Further, I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, and that intentional misrepresentation on my application or during the interview process will subject me to immediate discharge.

I also understand that only written representations and promises of this employer will be enforceable.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR COPY OF DRIVER RECORD

Mail To: Driver Records Bureau, Texas Department of Public Safety, Box 149246, Austin, Texas 78714-9246  
**MAKE CHECK or MONEY ORDER PAYABLE TO: TEXAS DEPARTMENT OF PUBLIC SAFETY**

Any questions regarding the information on this form should be directed to Customer Service at 512/424-2600. Allow 2-3 weeks for delivery

## CHECK TYPE OF RECORD DESIRED:

- |   | Fee      |
|---|----------|
| <input type="checkbox"/> 1. Date of Birth - License Status - Latest Address   | \$ 4.00  |
| <input type="checkbox"/> 2. Date of Birth - License Status - List of Accidents and Moving Violations in Record within Immediate Past 3-Year Period. | \$ 6.00  |
| <input type="checkbox"/> 2A. Same as #2 detailed above, but CERTIFIED version. This Record is Not Acceptable for DDC Course.                        | \$ 10.00 |
| <input type="checkbox"/> 3. Date of Birth - License Status - List of ALL Accidents and Violations in Record. Furnished to Licensee ONLY.            | \$ 7.00  |
| <input type="checkbox"/> 3A. Same as #3 detailed above, but CERTIFIED version. Furnished to Licensee ONLY and is Acceptable for DDC Course.         | \$ 10.00 |

### INFORMATION REQUESTED ON: (TYPE or PRINT in black ink.)

Texas Driver License #	Social Security #	Date of Birth (Month/Day/Year)
Last Name	First Name	Middle / Maiden
MAIL DRIVER RECORD TO: Requestor's / Business Name		
Address		
City, ST, Zip		

### INDIVIDUAL'S WRITTEN CONSENT FOR ONE TIME RELEASE TO ABOVE REQUESTOR

(Requestor, if you do not meet one of the exceptions listed on this form, and if the person you are requesting information on has previously marked his/her record private with the Department, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information).

I, \_\_\_\_\_, hereby certify that I grant access to my Driver License / ID Card record, inclusive of the personal information (name, address, driver identification number, etc.), to the above requestor. This access is granted on *this one occasion*, regardless of the restriction I have placed on my records for public access.

Signature of License/ID Card Holder or Parent/Legal Guardian	Date
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Texas law (TRC Ch. 730) allows individuals/entities to request that disclosure of certain personal information contained in driver license records be restricted. The Texas Department of Public Safety may disclose personal information to a requestor, on proof of the identity of the person requesting a record and a representation by the requestor that the use of the personal information will be strictly limited to one or more of the following:

**REQUESTOR**, please initial each category that applies. In doing this, you certify that the exception applies to this current request.

I am requesting a copy of my own record (need not mark other exceptions).

- \_\_\_\_\_ 1. For use in connection with any matter of (a) motor vehicle or motor vehicle operator safety; (b) motor vehicle theft; (c) motor vehicle emissions; (d) motor vehicle product alterations, recalls, or advisories; (e) performance monitoring of motor vehicles or motor vehicle dealers by a motor vehicle manufacturer; or (f) removal of nonowner records from the original owner records of a motor vehicle manufacturer to carry out the purposes of the Automobile Information Disclosure Act, 15 U.S.C. Section 1231 et seq.; 49 U.S.C. Chapters 301, 305, 323, 325, 327, 329, and 331; the Anti Car Theft Act of 1992, 18 U.S.C. Section 553, 981, 982, 2119, 2312, 2313, and 2322, 19 U.S.C. Sections 1646b and 1646c, and 42 U.S.C. Section 3750a et seq.; the Clean Air Act, 42 U.S.C. Section 7401 et seq.; and any other statute or regulation enacted or adopted under or in relation to a law included in the above.
- \_\_\_\_\_ 2. If the requestor has obtained written consent from the driver license/ID card holder. (See section above entitled "INDIVIDUAL'S WRITTEN CONSENT FOR ONE TIME RELEASE TO ABOVE REQUESTOR").
- \_\_\_\_\_ 3. For use by a government agency in carrying out its functions or a private entity acting on behalf of a government agency in carrying out its functions.

NOTE: Signature required on reverse side of form.

- \_\_\_\_\_ 4. For use in connection with a matter of (a) motor vehicle or motor vehicle operator safety; (b) motor vehicle theft; (c) motor vehicle product alterations, recalls, or advisories; (d) performance monitoring of motor vehicles, motor vehicle parts, or motor vehicle dealers; (e) motor vehicle market research activities, including survey research; or (f) removal of nonowner records from the original owner records of motor vehicle manufacturers.
- \_\_\_\_\_ 5. For use in the normal course of business by a legitimate business or an agent, employee, or contractor of the business, but only to verify the accuracy of personal information submitted by the individual to the business or an agent, employee, or contractor of the business and to obtain correct information if the submitted information is incorrect to prevent fraud by, pursuing a legal remedy against, or recovering on a debt or security interest against the individual.
- \_\_\_\_\_ 6. For use in conjunction with a civil, criminal, administrative, or arbitral proceeding in any court or government agency or before any self regulatory body, including service of process, investigation in anticipation of litigation, execution or enforcement of a judgment or order, or under an order of any court.
- \_\_\_\_\_ 7. For use in research or in producing statistical reports, but only if the personal information is not published, redisclosed, or used to contact any individual.
- \_\_\_\_\_ 8. For use by an insurer or insurance support organization, or by a self insured entity, or an agent, employee, or contractor of the entity, in connection with claims investigation activities, antifraud activities, rating or underwriting.
- \_\_\_\_\_ 9. For use in providing notice to an owner of a towed or impounded vehicle.
- \_\_\_\_\_ 10. For use by a licensed private investigator agency or licensed security service for a purpose permitted as stated on this page.
- \_\_\_\_\_ 11. For use by an employer or an agent or insurer of the employer to obtain or verify information relating to a holder of a commercial driver's license that is required under 49 U.S.C. Chapter 313.
- \_\_\_\_\_ 12. For use in connection with the operation of a private toll transportation facility.
- \_\_\_\_\_ 13. For use in bulk distribution for surveys, marketing, or solicitations, but only if the license/ID card holders are provided an opportunity to prohibit such use and the information will be used solely for bulk distribution for surveys, marketing, or solicitations, and those will not be directed at any individual who has timely requested that the material will not be directed at those individuals.
- \_\_\_\_\_ 14. For any other purpose specifically authorized by law that relates to the operation of a motor vehicle or to public safety.

**State and federal law require requestors to agree to the following:**

1. In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Sect. 2721 et seq.) and Texas law. As such, civil and criminal action can be taken for a false statement or representation to the DPS to obtain personal information pertaining to any individual from the DPS driver records (Section 731.006 of the Texas Transportation Code punishes false representation and false statements to obtain personal information as a Class A Misdemeanor). Further, understand that if I receive personal information as a result of this request, I may only resell or redisclose the information pursuant to Chapters 730 and 731 of the Texas Transportation Code and the federal Driver's Privacy Protection Act.

2. Section 731.002 of the Texas Transportation Code prohibits a state agency from releasing personal information unless the requestor receiving the information is the individual to whom the information applies or that individual's agent or the requestor agrees in writing with the agency that the requestor will not disseminate or publish the information on the Internet or permit another to disseminate or publish the information on the Internet. Violation of this agreement is also a Class A Misdemeanor (Section 731.007, Texas Transportation Code).

I certify that I have read the above conditions and agree to both.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

FOR DEPARTMENT USE ONLY



**AUTHORIZATION FOR PRIOR EMPLOYERS TO RELEASE  
INFORMATION**

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I, \_\_\_\_\_, hereby authorize my prior employer, \_\_\_\_\_, to release any and all information relating to my employment with them to The City of Granite Shoals. I further release and hold harmless both (Name of Reference) and The City of Granite Shoals from any and all liability that may potentially result from the release and/or use of such information.

I understand that any information released by my prior employer will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## NEPOTISM CERTIFICATION

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Applicant's Name: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

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No person may be employed by The City of Granite Shoals who is related within the second degree of affinity (marriage) or within the third degree of consanguinity (blood) to any member of the City Council or any other officer of The City of Granite Shoals or to any employee who would supervise his or her job performance.

Prohibited degrees of relationship are defined in Figures 1 and 2 on the following page.

Are you related by blood to any of the above parties or your prospective supervisor in any of these ways?  Yes  No

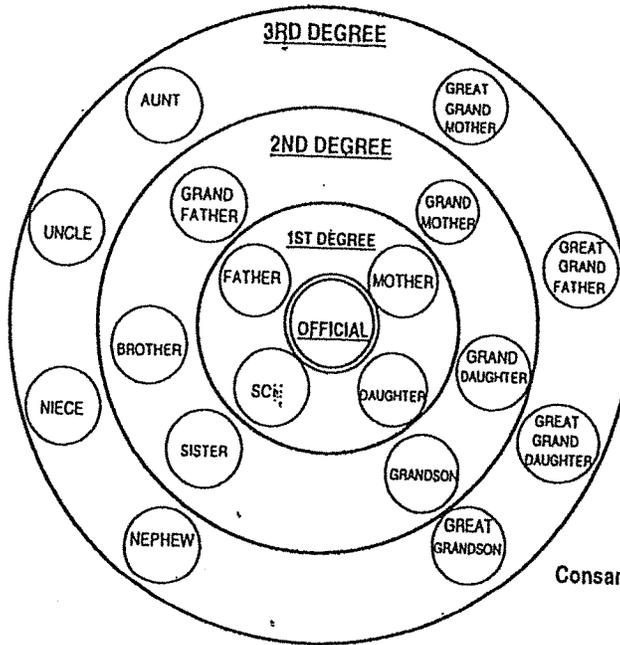
Is any City of Granite Shoals official or your prospective supervisor related to your spouse in any of these ways?  Yes  No

Spouses of these relatives (i.e., son-in-law, mother-in-law, aunt-in-law, nephew-in-law, etc.) are also included.

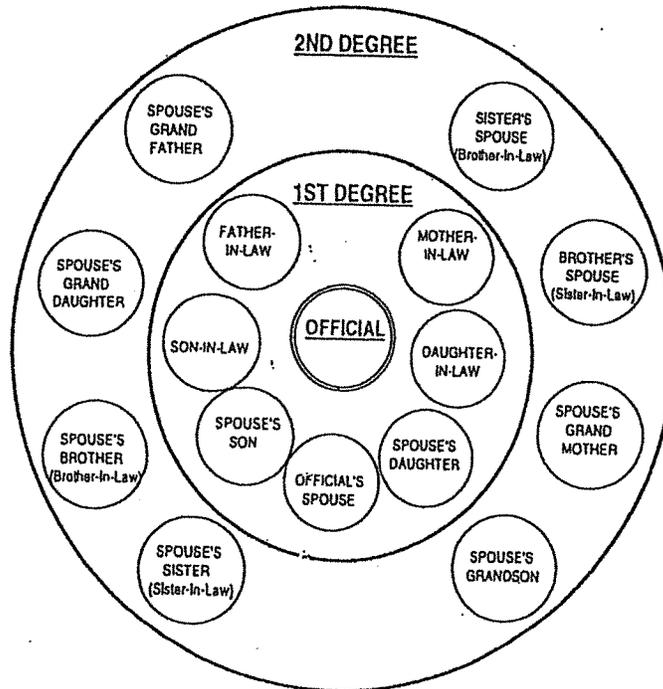
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# NEPOTISM CHARTS



Consanguinity Kinship Chart  
(Blood)



Affinity Kinship Chart  
(Marriage)

Please Note: Consanguinity kinship = related by blood.  
Affinity kinship = related by marriage.