

**CITY OF ATHENS
EMPLOYMENT APPLICATION**

INSTRUCTIONS:

All applications for the City of Athens employment must be made on this form. This application form and its attachments are official property of the City of Athens and will not be returned. If more space is needed to give full answers or explanations attach additional pages. All information requested must be complete and accurate. A false, incomplete or misleading response may result in disqualification for employment.

Name _____ Social Security # _____
Mailing Address _____ Town _____
State _____ Zip Code _____
Telephone # _____ Driver's Lic. # and state _____

APPLICANT'S CERTIFICATION

I certify that all information contained on this application is true and complete to the best of my knowledge and belief. I understand that the employment process may include drug screening, work fitness examination, medical and psychological exam, and review of driving record. I give the City of Athens and its authorized agents permission to verify any job-related information given in connection with this application. All new hire applicants will be required to show proof of citizenship. I understand, if employed, that the City of Athens can change wages, benefits and conditions at any time. I further understand that my employment can be terminated, with or without cause, at any time at the discretion of the City, or myself. I further understand that no management official, other than the City Manager, has the authority to enter into an agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

Applicant's Signature _____ Date _____

**City of Athens
508 E. Tyler St.
Athens, Texas
903-675-5131**

EQUAL OPPORTUNITY EMPLOYER

ANSWER ALL QUESTIONS - PLEASE PRINT

Applicants are considered for positions without regard to race, color, religion, sex, national origin, age, veteran status, or disability. The City of Athens may conduct preemployment qualification assessment testing. If you require accommodation for the testing process, you must notify Personnel when you submit your application.

Position applying for: _____

Applicants may be required to describe or demonstrate that they can perform job related functions.

Name: _____
(first) (middle) (last)

Address: _____
(number and street) (city, state, and zip code)

Telephone: _____ Social Security Number: _____

Telephone number(s) you can be reached at when not at above number: _____

Driver License Number: _____

Please check all hours that you are available to work:

full time ___ part-time ___ temporary ___ days ___ evenings/nights ___ weekends ___ shifts ___

Date available to start work: _____

Have you ever filed an application here before? yes () no () If yes, give date _____

If you answer "Yes" to any of the following questions, please explain in full.

1. Are you now working for or have ever worked for the City of Athens? _____
If yes, please explain: _____

2. Do you or does your spouse have any relatives presently working or holding office for the City of Athens? _____
If yes, please explain: _____

3. Are you on a lay-off and subject to recall? _____ If yes, please explain: _____

4. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? _____
If yes, please explain: _____
(If offered employment with the City of Athens you will be required within three (3) business days of beginning employment to produce original legal documents that establish your identity and employment eligibility.)

5. Are you a veteran of the U.S. Military Service? ___ Yes ___ No If yes, Branch _____

EMPLOYMENT EXPERIENCE

List employers starting with most recent. Include military service or volunteer work. Exclude organization names which indicate race, color, religion, sex, or national origin.

May we contact your present employer? Yes No

Employer: _____ Job Title: _____

Street Address: _____ City/State/Zip: _____

Phone Number: _____ Supervisor: _____

Beginning Employment Date: _____ Ending Employment Date: _____

Starting Hourly Rate/Salary: _____ Ending Hourly Rate/Salary: _____

Work Performed: _____

Reason for leaving: _____

Employer: _____ Job Title: _____

Street Address: _____ City/State/Zip: _____

Phone Number: _____ Supervisor: _____

Beginning Employment Date: _____ Ending Employment Date: _____

Starting Hourly Rate/Salary: _____ Ending Hourly Rate/Salary: _____

Work Performed: _____

Reason for leaving: _____

Employer: _____ Job Title: _____

Street Address: _____ City/State/Zip: _____

Phone Number: _____ Supervisor: _____

Beginning Employment Date: _____ Ending Employment Date: _____

Starting Hourly Rate/Salary: _____ Ending Hourly Rate/Salary: _____

Work Performed: _____

Reason for leaving: _____

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

EDUCATION

High School: _____ Location: _____

Years Completed: (Circle) 9 10 11 12 Diploma: _____

College or University: _____ Location: _____

Years Completed: (Circle) 1 2 3 4 Degree: _____

Graduate or Professional: _____ Location: _____

Years Completed: (Circle) 1 2 3 4 Degree: _____

Describe Course of Study: _____

Honors Received: _____

State Any Additional Information You Feel May Be Helpful To Us In Considering Your Application: _____

APPLICANT'S STATEMENT

I CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, COMPLETE, AND CORRECT 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. I understand that this application is not and is not intended to be a contract of employment.

I understand that if I am offered employment with the City of Athens I will be required to take a post-offer physical examination and drug test. Any offer of employment that I may receive will be conditioned upon the results of the post-offer physical examination and drug test.

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 City of Athens.

I elect the main Personnel Officer of the City of Athens to disclose my home address or home telephone number for public information by signing yes or no, shown below. (Revised 03/2001)

Yes or No

Applicant's Signature in Ink

Date

