



City of Sullivan City

Instructions for filling out Employment Application:

1. Applications are accepted only for positions available at this time.
2. Fill out entire application and attach all pertinent information.
3. Return completed application to Human Resource Office.
4. If your application is selected for an interview, we will call you.

Please submit the following information with your application:

1. Copy of your résumé
2. Copy of your diploma or GED
3. Copies of recommendation letter(s)
4. Copies of credential(s)
5. Copies of certificates received from school/university
6. Copy of Driver's License

Employment Application

APPLICANT INFORMATION										
Last Name				First			M.I.		Date Available	
Street Address						Apartment/Unit #				
City				State			ZIP			
Phone				E-mail Address						
Sex	Male <input type="checkbox"/>		Female <input type="checkbox"/>		Social Security No.			Driver's License # / State		
Position Applied for							Desired Salary			
Are you available to work:			Part-Time <input type="checkbox"/>		Part-Time Seasonal <input type="checkbox"/>		Full-Time <input type="checkbox"/>		Full-Time Seasonal <input type="checkbox"/>	
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? <i>Proof of citizenship or immigration status will be required upon employment.</i>				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
Do any of your friends or relatives work here?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, list name(s):		
Languages: 1. _____ 2. _____ 3. _____										

EDUCATION				
High School			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree	
College			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree	
Other			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree	

REFERENCES (NOT RELATED TO YOU)	
Full Name	Relationship
Address	Phone ()
Full Name	Relationship
Address	Phone ()
Full Name	Relationship
Address	Phone ()

SPECIAL SKILLS / CERTIFICATIONS**EMERGENCY CONTACT**

Full Name	Relationship
Address	Phone ()

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE

I certify that answers given herein are true and complete to the best of my knowledge.

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 that I am required to abide by all rules and regulations of the City of Sullivan if hired. I further authorize the City of Sullivan, to request criminal history record information from criminal justice agencies. I also understand that if I am offered a job with the City of Sullivan, I will undergo a physical evaluation and drug screening. In compliance with Federal, and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, medical condition, or handicap.

Signature

Date

SPECIAL SKILLS AND TRAINING

INSTRUCTIONS: Please complete the following section (s), which applies to the position(s) you are interested in. The following terms are defined to help you understand what each means. Please indicate with a (*) your level of experience for each job skill for the position (s) for which you are applying.

No Experience-Do not have any knowledge or experience in the operation, identification, and/or use.

General Knowledge-Have a basic understanding of the operation, identification, and/or use.

Experienced-Can be trusted to safely operate, repair, and/or identify without direct supervision or explanation.

JOB SKILLS	NO EXPERIENCE	GENERAL KNOWLEDGE	EXPERIENCE D	JOB SKILLS	NO EXPERIENCE	GENERAL KNOWLEDGE	EXPERIENCED
HOUSE KEEPING/CUSTODIAL				Knowledge of basic house keeping			
Floor buffer				STRIP/WAX QUARRY TILE			
Floor scrubber				STRIP/WAX VINYL ASBESTOS TILE			
Vacuum cleaner				CARPET CLEANING			
High Pressure sprayer				KNOWLEDGE OF GENERAL CLEANING			
Trash compactor				FLOOR CHEMICALS			
Wet/dry vacuum				WAX/OIL FINISHES			
Hydraulic lift				BUFFING PADS			
LANDSCAPE							
RIDING MOWER				GREENS KEEPER			
PUSH MOWER				PESTICIDES			
LITTER VACUUM				HERBICIDES			
CHAINSAW				FUNGICIDES			
WATER TRAILER				FERTILIZERS			
WEED EATER				TREES			
EDGE-TRIMMER				SHRUBS			
POWER BLOWER				TURF			
PAINT STRIPER				KNOWLEDGE OF INTERIOR PAING			
KNOWLEDGE OF PLANT CARE				KNOWLEDGE OF PLANT CARE			
KNOWLEDGE OF IRRIGATION SYSTEMS				KNOWLEDGE OF SMALL ENGINES			
MAINTENANCE							
KNOWLEDGE OF WELDING EQUIPMENT				MINOR REWIRING			
ACETYLENE				USE OF TEST METERS			
ARC WELDER				ELECTRICAL EQUIP. REPAIR			
DRILL PRESS				KNOWLEDGE OF MECHANICAL/SERVICE MAINT.			
KNOWLEDGE OF CARPENTRY				KNOWLEDGE OF ELECTRICAL SYSTEMS			
KNOWLEDGE OF DRYWALL				ELECTRONICS TRAINING/EXPERIENCE			
CONCRETE REPAIR				USE OF TEST EQUIPMENT			
CONCRETE FINISHING				SMALL ENGINE TROUBLE-SHOOTING			
BRICK/MORTAR REPAIR				MAJOR ENGINE REPAIR			
KNOWLEDGE OF PAINTING				DIESEL ENGINE TROUBLE-SHOOTING			
CERAMIC TILE REPAIR				KNOWLEDGE OF DOOR REPAIR/REPLACEMENT			
KNOWLEDGE OF PLUMBING				KNOWLEDGE OF ROOF SYSTEMS/REPAIR			
LIGHT BULB REPLACEMENT				KNOWLEDGE OF HEATING/AIR CONDITIONING			
CLERICAL/SECRETARIAL				MASONRY/CARPENTRY			
TYPING				EQUIPMENT OPERATOR			
FILING				BACKHOE			
USE OF PHONE				GRADER			
CALCULATOR BY TOUCH				TRACTOR/MOWER DECK			
CUSTOMER SERVICE				TRUCK DRIVER			
COMPUTER ORIENTED				STREET SWEEPER			
				TRACTOR/FRONT END LOADER			
				RIDING MOWER			
				PUSH MOWER			

City of Sullivan City

Carefully read this authorization to release information about you, then sign and date it in ink.

Authority for Release of Information

I Authorize any duly accredited representative of the City of Sullivan including those from the Personnel Department to obtain information relating to my activities from schools, residential management agents, employers, law enforcement, financial or lending institutions, consumer reporting agencies, retail business establishments, the Texas Workers' Compensation Commission, medical institutions, hospitals and other repositories of medical records, or individuals. This information is not limited to my academic, residential achievement, performance attendance, personal history, criminal history record, arrest, conviction, medical, psychiatric-psychological and financial and credit history.

I Further Authorize the City of Sullivan to request criminal history record information from criminal justice agencies.

I Direct You to Release such information upon request of the duly accredited representative agency regardless of any agreement I may have made with you previously to the contrary.

I Understand that the information you release is for official use by the City of Sullivan, and you may disclose the information you release as authorized by law.

I Release any individual, including records custodians, from all liability for damages that are alleged or are found to be applied to you by me or any third parties on account of compliance or any attempts to comply with this authorization. This release is binding in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Photocopies of this form that show my signature are as valid as the original release signed by me.

Signature

Date

Full Legal Name (Print or Type)

List Other Names Used

Current Address (Street, City)

State

Zip

Parent / Guardian Signature (If required)

Date

*****Applicant must fill out and sign below.**

CRIMINAL HISTORY INVESTIGATION

Applicants Full Legal Name: _____

(As shown on Social Security Card/Passport)

Permanent Address: _____

Mailing Address: _____

Driver's License Number: _____

State: _____

Date of Birth: _____

Social Security Number: _____

The applicant hereby authorizes the City of Sullivan City to conduct a check of the applicant's criminal history.

Signature _____

Date _____

**DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)**

I, _____, have been notified that a computerized criminal history
APPLICANT OR EMPLOYEE NAME (PLEASE PRINT)
(CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure
Website and will be based on name and DOB identifiers I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true
identification to criminal history, the organization conducting the criminal history check is not allowed to discuss any
criminal history record information obtained using the name and DOB method. Therefore, the agency may request
that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB
search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis
through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been
made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit
a full and complete set of my fingerprints, request a copy to be sent to the agency listed below, and pay a fee of
\$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the date from DPS, the Information on my fingerprint
criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

City of Sullivan City

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space		
CCH Report Printed:		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____ initial
Purpose of CCH: <u>PRE-EMPLOYMENT</u>		
Hired <input type="checkbox"/>	Not Hired <input type="checkbox"/>	_____ initial
Date Printed: _____		_____ initial
Destroyed Date: _____		_____ initial
Retain in your files		