

CITY OF LUCAS

Employment Application

An Equal Opportunity Employer

Phone: (972) 727-8999

Instructions: Please read the instructions before completing the application. All Applications for employment with the City of Lucas must be made on this form and a separate application is required for each position. You may make copies of this application and enter different position titles, but each copy must have an original signature. A resume may be attached but you must complete all spaces on the application to be considered for employment. All information submitted is subject to verification. A false or misleading statement may result in your disqualification as an applicant or termination if hired. If you are in need of accommodation to complete this application, please contact Human Resources at the phone number above. Return your application to the Human Resources Office according to one of the options on Page 4 under Application Return Process. *Please clearly print or type all answers.*

POSITION TITLE: _____ DATE AVAILABLE FOR WORK : _____

PERSONAL DATA

NAME: _____ XXX--XX-- _____
Last *First* *Middle* *Last 4 digits of Social Security Number*

CURRENT ADDRESS: _____
Number & Street *City* *State* *Zip*

List any other names used if different from name given on application: _____

Phone: *Home:* _____ *Cell:* _____ *Work:* _____

E-Mail Address: _____

Education & Training

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 High School Diploma or G.E.D. Yes No

Type of School	Name/Location of School	Sem/Clock Hours Completed	Graduated		Expected Graduation Date	Type of Diploma or Degree	Major/Minor Field of Study
			Yes	No			
High School							
Colleges or Universities							
Technical Vocational or Business Schools							

If a license, certificate or other authorization is required/related to position for which you are applying, complete the following:

License/Certification	Date Issued	Issued by State or Other Authority	License Number	Location of Issuing Authority (City & State)

SPECIAL TRAINING: List any special training program or courses you have attended which you feel may add to your qualifications. List course, date and institution (including military training).

COURSE TITLE	DATE	GRANTING INSTITUTION

SPECIAL SKILLS/QUALIFICATIONS: List special skills or qualifications (not listed above) you possess which you believe further qualify you for the position for which you are an applicant (include computer languages, types of computers and computer software, word-processing, typing speed, 10-key calculator, specialized equipment or machines, tools, vehicles, heavy equipment or memberships).

GENERAL INFORMATION

DRIVER'S LICENSE: State: _____ Number: _____ Expiration Date: _____

Type of Driver's License:

- Class A Class B Class C Class M Class A Commercial Class B Commercial Class C Commercial

CDL Endorsement(s):

- Tank Vehicle Double/Triple Trailer Hazardous Materials Passenger

If the position requires a commercial driver's license, please complete additional information on the Commercial Driver's License Supplement.

DISMISSALS AND/OR FORCED RESIGNATIONS: Have you ever been fired or forced to resign from any position?

(Check One) Yes No If answer is Yes to either or both of these questions, please explain below.

Have you ever been convicted of a **MISDEMEANOR** or **FELONY** and/or placed on probation, fined or given a suspended sentence such as deferred adjudication in court? List all cases other than minor traffic violations. PLEASE NOTE: A full disclosure by you is to your advantage as your record does not constitute an automatic bar to employment. Factors such as, but not limited to, age at time of offense(s) and recency of offense(s) as well as the relationship between the offense(s) and the job(s) for which you apply will be taken into account. **HOWEVER, FAILURE TO ADMIT CONVICTIONS WILL RESULT IN DISQUALIFICATION OF YOUR APPLICATION FOR ONE YEAR.** (Check One) Yes No If Yes, please provide the following:

Date: ____/____/____ Charge: _____ City/State: _____

Disposition: _____

Date: ____/____/____ Charge: _____ City/State: _____

Disposition: _____

(If you need additional space, please attach a sheet listing information in the same format. Include your printed name and signature.)

Have you ever been employed in any capacity by the City of Lucas? (Check One) Yes No If yes, please indicate:

Job Title: _____ Department: _____

Dates of Employment: _____

Are you related to any person currently employed by or holding office in the City of Lucas? (Check One) Yes No

If yes, please indicate:

Name: _____ Relationship: _____

Department: _____ Position/Office: _____

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the City of Lucas is true, complete and correct to the best of my knowledge.

I expressly authorize, without reservation, the City of Lucas, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the City of Lucas, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the City of Lucas does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the City of Lucas and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the City of Lucas reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the City of Lucas is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City Manager.

I understand that any offer of employment that I may receive from the City of Lucas is contingent upon my successful completion of a City paid, post offer, pre-employment medical examination, alcohol and drug screen, and may include a psychological/polygraph examination. I hereby consent to having the results of any post offer pre-employment examinations(s) that I am required to take disclosed to the City of Lucas.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect may be sufficient cause to (1) eliminate me from further consideration for employment or (2) result in my immediate discharge from employment with the City of Lucas whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date Signed

WE THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE CITY OF LUCAS.

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION RETURN PROCESS

You may return your application as follows:

- 1) Hand deliver or mail to Human Resources Dept., City of Lucas, 665 Country Club Road, Lucas, TX 75002
- 2) Fax to 972 727-0091 and mail the original to the address listed above
- 3) Email to cmeehan@lucastexas.us and mail the original to the address listed above.

Confidential Employment Application Supplement Form

The City of Lucas considers all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status. The City also complies with all applicable laws governing employment practices and does not discriminate on the basis of any unlawful criteria.

The commitment of the City of Lucas to a policy of equal employment opportunity requires that certain information be gathered and documented for statistical purposes. The following information is requested for Human Resource Office use only to assist us in complying with EEO reporting guidelines. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Since this information will **NOT** be considered for employment purposes, this page will remain separate from your Employment Application and will not be available for review at any time during the applicant selection process. In addition, upon employment this information will not be used for any subsequent personnel decision. Information provided will be kept confidential in accordance with applicable laws and regulations.

PLEASE COMPLETE THE FOLLOWING:

1. Name: _____ 2. SS# _____
3. Address: _____ City: _____ State: _____ Zip: _____
4. Position for which you are an applicant: _____
5. Date of Birth: _____ 6. Sex: Male Female

7. Please indicate source from which you learned of this position. (Check One)

- Newspaper _____ Radio _____ Television _____
Name of Newspaper *Name of Station* *Name of Station*
- Employment Agency Referred by City Employee _____
Name of Employee
- Career Fair _____ Saw Poster _____ _____
Location *Location* *Location*
- City's Job Line Publication _____ City's Web Site Read City's Job Announcement
Name of Publication
- Other Computer/Internet Location _____ City's Bulletin Board
Name of Location
- College Recruiting Station _____ Military Recruiting Station _____
College *Location*
- Other Recruiting Station _____ College Placement or Professor _____
Location *College*

PLEASE CHECK THE APPROPRIATE RESPONSE (* Note Below)

8. **Race:** Native American African American White Hispanic Asian American Other
9. **Americans with Disabilities Act status:** Disabled Non-Disabled

MILITARY SERVICE STATUS (Please Check All that Apply)

10. Veteran Non-Veteran Active Duty Reserves/Guard
11. Discharge Date: _____
Month Day Year

***NOTE: For purposes of EEO statistical tabulation, the following categories are used:**

- Native American** – Includes persons who identify themselves or are known as such by virtue of tribal association.
African American – Includes persons of African descent as well as those identified as Jamaican, Trinidadian, and West Indian
White – Includes persons of Indo-European descent, including Pakistani and East Indian persons
Hispanic – Includes persons of Puerto Rican, Cuban, Central or South American or other Spanish cultures
Asian American – Includes persons of Japanese, Chinese, Korean, or Filipino descent.
Other – Includes Eskimos, Malaysians, Thais, and others not covered above.

Signature of Applicant

Date Signed



DISCLOSURE AND AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

I. DISCLOSURE

As part of our hiring background and investigation, we may obtain consumer reports to prepare in investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify you 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 Rights Under the Fair Credit Reporting Act.

II. 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 Lucas to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. 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 Lucas from liability that might otherwise result from the request for use of and/or disclosure of any or all foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I 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 Lucas to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Full Name (please print clearly)

Signature

Date