

**EMPLOYMENT APPLICATION
CITY OF LIBERTY
1829 Sam Houston
Liberty, Texas 77575
Phone - 936/336-3684 Fax - 936/336-9846**

The City of Liberty is an Equal Opportunity Employer of qualified individuals

FAILURE TO FULLY COMPLETE THE INFORMATION REQUESTED ON THIS APPLICATION WILL ELIMINATE YOU FROM FURTHER CONSIDERATION.

PERSONAL INFORMATION

Name (Last, First, Middle Initial)			Social Security Number		Driver license number, state and classification	
Present Address			Apt. No.	City		
State	Zip Code	Phone Number ()	Are you a U.S. citizen or an alien authorized to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>			
In case of an emergency, notify			Address			Phone

DESIRED EMPLOYMENT

Position Applying for			Date you can start			
Are you seeking Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		Summer <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Are you, or have you been, employed by the City of Liberty? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when? _____		
Please list any relatives employed with the City of Liberty. _____						

EDUCATION

School Level	Name & Location of School	Dates Attended	Major/Minor	Degree Received
High School				
College				
College				
Trade School				
Military School				

MILITARY HISTORY

Branch of Service _____ Dates Served _____

Highest Rank _____

LEGAL BACKGROUND RECORD

Have you ever been convicted of a felony crime? YES NO

What was your charge? _____

Has your driver's license ever been revoked or suspended? YES NO

If YES, when and why? _____

GENERAL

OFFICE SKILLS Windows MS Word MS Excel

10-Key Other

Estimated Keyboard Speed: _____

SPECIAL CERTIFICATIONS _____

SPECIAL SKILLS _____

SPECIAL INTEREST/PROFESSIONAL GROUPS

REFERENCES

Please list three personal references (not former employers or relatives).

NAME	ADDRESS	PHONE	YEARS ACQUAINTED

Name of Present or Last Employer	
Address	City, State and Zip Code
Job Title	Supervisor's Name May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Supervisor's Job Title	Supervisor's Phone
Starting Date	Leaving Date
Starting Salary/Wage	Final Salary/Wage
Description of Work	
Reason for leaving	

Name of Previous Employer	
Address	City, State and Zip Code
Job Title	Supervisor's Name May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Supervisor's Job Title	Supervisor's Phone
Starting Date	Leaving Date
Starting Salary/Wage	Final Salary/Wage
Description of Work	
Reason for leaving	

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Supervisor's Job Title	Supervisor's Phone
Starting Date	Leaving Date
Starting Salary/Wage	Final Salary/Wage
Description of Work	
Reason for leaving	

I CERTIFY THAT ALL INFORMATION PRESENTED ON THIS APPLICATION IS TO BE TRUE AND VALID TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS INFORMATION WILL BE INVESTIGATED, AND IN DOING SO I, THE APPLICANT, RELEASE THE EMPLOYER BEING THE CITY OF LIBERTY FROM ANY AND ALL LIABILITY. I UNDERSTAND THAT ANY MISREPRESENTATION ON MY PART IN COMPLETING THIS APPLICATION WILL BE JUST CAUSE FOR REJECTION AT ANY TIME BEFORE AND/OR AFTER MY POSSIBLE EMPLOYMENT WITH THE CITY OF LIBERTY.

I UNDERSTAND THAT THIS APPLICATION IS NOT AN EMPLOYMENT AGREEMENT, AND THAT NO EMPLOYMENT IS BEING OFFERED TO ME IN THIS APPLICATION. HOWEVER, IF I AM EMPLOYED WITH THE CITY OF LIBERTY, I UNDERSTAND THAT MY RELATIONSHIP WITH THE CITY OF LIBERTY WILL BE GOVERNED BY THE AT-WILL DOCTRINE. THROUGH THAT DOCTRINE, I UNDERSTAND THAT THE CITY OF LIBERTY IS ALLOWED TO CHANGE MY WAGES, BENEFITS, TERMINATE MY EMPLOYMENT AND OTHER CONDITIONS OF MY EMPLOYMENT AT ANY TIME. I ALSO UNDERSTAND THAT THROUGH THIS DOCTRINE, I MAY TERMINATE MY JOB WITH THE CITY OF LIBERTY AT ANY TIME FOR ANY REASON.

All potential employees are subject to a drug screen and depending on the position, driving record check, criminal history review, reference check, and any other background check pertaining to the applicant. The City of Liberty is an Equal Opportunity Employer.

*****Please note: All applicants for Police Officer positions must meet minimum requirements.*****

Signature

Date