



CITY OF BURLESON

141 West Renfro
Burleson, Texas 76028

TEL: (817) 426-9640

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Web Address: www.burlesontx.com

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

PLEASE READ FIRST: Thank you for your interest in employment with the City of Burleson. The application you submit will be reviewed and evaluated based upon the information you have supplied. Failure to answer all questions completely and accurately may mean loss of an employment opportunity.

PLEASE FOLLOW THESE INSTRUCTIONS TO COMPLETE THIS APPLICATION:

1. The city accepts applications **ONLY** when a specific employment notice of a job vacancy is posted.
2. The city will consider only applications that are complete. You must provide all requested information, including your signature.
3. You may submit a resume in addition to your application, but resumes will not substitute for a completed application.
4. Your application will be reviewed after the posted deadlines, as noted on the employment opportunity notice.
5. The City of Burleson will contact (either by telephone or mail) the applicants selected for pre-placement testing and/or personal interview. All other applicants will receive no further notice.
6. If you wish to be considered for future positions, you **MUST** submit a new application for each position.

(Please keep this page for your records)

Revised: 11/01/2006

CITY OF BURLESON

Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

Instructions: It is important that you answer all questions on this application fully and accurately. Failure to do so may delay its consideration and could mean loss of employment opportunities. If an item does not apply to you, or if there is no information to be given, please write in the letters "N.A." for Not Applicable. Please print in blue or black ink or type.

The City of Burleson considers all applicants for employment without regard to race, color, religion, ethnicity, gender, national origin, age, physical handicap, or any other protected status or classification in accordance with state and federal laws. The City of Burleson also provides "reasonable accommodations" to qualified individuals with known disabilities, in accordance with the Americans with Disabilities Act.

Position Applying For: _____ Date: _____
(Position Title Stated on Job Announcement)

PERSONAL INFORMATION:

Name: _____ Social Security Number # XXX-XX- _____
(Please Print) Last First Middle last 4 numbers only

Address: _____
Number & Street City State Zip Code

Telephone No. () _____ Telephone No. () _____
Include area code Home Include area code 8 a.m. - 5 p.m.

Type of work you will accept: Full-time Part-time Temporary Shift Work Night Work Weekend Work

Date available to start work: _____ Are you willing to work overtime as necessary? Yes No

Have you ever been employed by the City of Burleson? Yes No If yes, position held? _____

Department? _____ Period of employment? from _____ to _____

Do you have relatives working for the City of Burleson or serving on the City Council? Yes No

If yes, whom? _____ Relationship? _____

CITIZENSHIP:

Are you a U.S. Citizen? Yes No If no, do you have the legal right to work in the United States? Yes No

It will be necessary to submit documents as required by law to verify your identification and employment authorization upon employment.

EDUCATION AND TRAINING:

Your educational record will be considered only to the extent that it is relevant to the position sought. High School Diploma or GED (Graduate Equivalency Diploma) and College transcript(s) are required for verification of education prior to employment.

High School Graduate? Yes* No GED? Yes No If GED, from what agency? _____

*Name/Address of High School: _____

Additional Education: List colleges, trades schools, or other form of training above the High School level.

Name/ of School(s) Attended:	Address/Phone	Number of Credit Hours	Type of Diploma, Degree or Certification	Major Subject

Computer Skills: MSWord for Windows Excel Access Other _____

Machines or Equipment Operated: _____

Special Licenses or Registrations: _____

Please list any additional training, technical skills or professional knowledge that would support your application:

DRIVING AND CONVICTION RECORD:

Your driving record will only be considered to the extent you will be driving city vehicles or doing city business in your personal vehicle.

State your Driver License is from _____

Check Type of License Held:

- A-CDL
- B-CDL
- Class C

Have you been issued a citation for any moving traffic violation(s) within the past three years for which you were convicted, served probation, took deferred adjudication or attended driving school? Yes No

If yes, please complete the following and attach additional sheet, if necessary:

_____ Charge _____ Date _____ Location

_____ Charge _____ Date _____ Location

_____ Charge _____ Date _____ Location

Have you ever been convicted of a crime other than a Class C traffic offense? Yes No

If so, please complete the following: (Note: Conviction will not automatically exclude you from employment.)

_____ Charge _____ Date _____ Location

_____ Charge _____ Date _____ Location

_____ Charge _____ Date _____ Location

EMPLOYMENT HISTORY (continued): List your employment experience, beginning with your current or last position and work back. Include military experience and account for periods during which you were unemployed. This page may be copied if additional space is needed to account for all employment in the **last ten (10) years.**

EMPLOYER: _____ **Dates of Employment: From** ____/____/____ **To** ____/____/____
mo./yr. mo./yr.

Address: _____ Telephone No. (____) _____
Number & Street City State Zip Code

Position Title _____ Starting Salary \$ _____ Ending Salary \$ _____ Full Time
Part Time
Seasonal
Temporary

Supervisor's Name _____ Supervisor's Title _____

Describe Your Duties _____

Reason for Leaving or Wanting to Leave _____

EMPLOYER: _____ **Dates of Employment: From** ____/____/____ **To** ____/____/____
mo./yr. mo./yr.

Address: _____ Telephone No. (____) _____
Number & Street City State Zip Code

Position Title _____ Starting Salary \$ _____ Ending Salary \$ _____ Full Time
Part Time
Seasonal
Temporary

Supervisor's Name _____ Supervisor's Title _____

Describe Your Duties _____

Reason for Leaving or Wanting to Leave _____

EMPLOYER: _____ **Dates of Employment: From** ____/____/____ **To** ____/____/____
mo./yr. mo./yr.

Address: _____ Telephone No. (____) _____
Number & Street City State Zip Code

Position Title _____ Starting Salary \$ _____ Ending Salary \$ _____ Full Time
Part Time
Seasonal
Temporary

Supervisor's Name _____ Supervisor's Title _____

Describe Your Duties _____

Reason for Leaving or Wanting to Leave _____

EMPLOYER: _____ **Dates of Employment: From** ____/____/____ **To** ____/____/____
mo./yr. mo./yr.

Address: _____ Telephone No. (____) _____
Number & Street City State Zip Code

Position Title _____ Starting Salary \$ _____ Ending Salary \$ _____ Full Time
Part Time
Seasonal
Temporary

Supervisor's Name _____ Supervisor's Title _____

Describe Your Duties _____

Reason for Leaving or Wanting to Leave _____

Please explain any lapses in employment history: _____

Have you been fired or asked to resign from any job within the past ten (10) years? Yes No If yes, Explain: _____

REFERENCES: List three (3) references, excluding relatives.

Name & Occupation	Dates Known	Address	Telephone # (include area code)
1. _____			
2. _____			
3. _____			

ADDITIONAL INFORMATION: In the space below, you may provide any additional information that you feel may be helpful to the City in arriving at a decision concerning your qualifications for employment.

Optional Information:

MILITARY: Have you ever served in the U.S. Armed Forces? Yes No

If yes, give dates of service and type of discharge: _____

List duties in the service, including special training that is relevant to the position for which you are applying: _____

CITY OF BURLESON

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

To the Applicant: The commitment of the City of Burleson to a policy of equal employment opportunity requires that certain information to be gathered and maintained for government record-keeping requirements only. This page will be detached from your application immediately upon receipt, and this information will not be used for making interviewing or hiring decisions.

PLEASE PRINT OR TYPE:

Position Applying For: _____ Date: _____
(Position Title Stated on Job Announcement)

Your Social Security Number: _____ - _____ - _____
(Whole SS# Here)

Date of Birth: _____ Male Female

Driver's License (state & number) _____ Expiration Date: _____
Check Type of License Held: _____ A-CDL _____ B-CDL _____ Class C

Race/National Origin (check):
____ Hispanic or Latino
____ White
____ Black or African American
____ Native Hawaiian or Other Pacific Islander
____ Asian
____ American Indian or Alaska Native
____ Two or More Races; please list the single racial/ethnic group above with which you most closely identify.

Education Level: Circle Highest Grade Completed:

Grade School								High School				College				Graduate School			
1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4

How did you find out about this vacancy?

____ Professional Organization
____ City of Burleson Job Line
____ City of Burleson Web Site
____ Newspaper _____
NAME

____ Walk-In
____ Friend or Relative
____ City of Burleson Cable (Channel 7)
____ Other _____
EXPLAIN

____ City Employee
____ College, School