



## **CITY OF BURLESON**

**141 West Renfro  
Burleson, Texas 76028**

**TEL: (817) 426-9640**

**FAX: (817) 295-9414**

**Web Address: [www.burlesontx.com](http://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. All job openings are posted until filled.
3. You may submit a resume in addition to your application, but resumes will not substitute for a completed application.
4. The City of Burleson will contact (either by telephone, mail, or e-mail) the applicants selected for pre-placement testing and/or personal interview. All other applicants will receive no further notice.
5. If you wish to be considered for future positions, you **MUST** submit a new application for each position.
6. All employment eligibility is verified through the Department of Homeland Security with E-Verify®. E-Verify® is a registered trademark of the U.S. Department of Homeland Security.

# 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. If completing a paper application, 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 Opening)*

### **PERSONAL INFORMATION:**

**Name:** \_\_\_\_\_  
*(Please Print)*      Last                                      First                                      Middle

**Address:** \_\_\_\_\_  
                                    Number & Street                                      City                                      State                                      Zip Code

**Telephone No. ( )** \_\_\_\_\_ **Cell phone No. ( )** \_\_\_\_\_  
                                    Include area code      Home                                      Include area code

Email address where we may contact you: \_\_\_\_\_

Date available to start work: \_\_\_\_\_

**Have you ever been employed by the City of Burleson?**    • Yes    • No  
**Dates 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:**

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 of High School: \_\_\_\_\_

**Address:** \_\_\_\_\_  
                                    Street                                      City                                      State                                      Zip

**Phone:** \_\_\_\_\_

**Additional Education:** List colleges, trades schools, or other form of training above the high school level.

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

Computer Skills: • MSWord for Windows • Excel • Access

Machines or Equipment Operated: \_\_\_\_\_

Special Licenses or Registrations: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY:** 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 twenty-five (25) years.**

Are you presently employed? • Yes • No If yes, may we contact your present employer? • Yes No Later

---

**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 \$ \_\_\_\_\_  
No. of hours worked per week: \_\_\_\_\_

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 \$ \_\_\_\_\_  
No. of hours worked per week: \_\_\_\_\_

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 \$ \_\_\_\_\_  
No. of hours worked per week: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Describe Your Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving or Wanting to Leave \_\_\_\_\_

**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.

**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 \$ \_\_\_\_\_  
No. of hours worked per week: \_\_\_\_\_

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 \$ \_\_\_\_\_  
No. of hours worked per week: \_\_\_\_\_

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 \$ \_\_\_\_\_  
No. of hours worked per week: \_\_\_\_\_

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 \$ \_\_\_\_\_  
No. of hours worked per week: \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING / PRE-EMPLOYMENT STATEMENTS**

I certify the statements made by me in this application are true, complete, and correct to the best of my knowledge, and are made by me in good faith. I understand that any falsifications, misrepresentations or omission of facts in this application may cause for my elimination from consideration for hire, or, if already hired, cause for my dismissal, regardless of the time that elapses before such false information is discovered.

I understand that if chosen for employment I must undergo a drug test, and I may be required to undergo a job related physical requirements test, given at the city's expense.

I understand and agree that employees are "at-will" and employment with the City of Burleson is for no definite period of time and that wages, benefits, and conditions of employment can be changed at any time.

I understand that consideration of my employment in this position is contingent upon the result of a reference and background check.

I understand all employment eligibility is verified through the Department of Homeland Security with E-Verify®. E-Verify® is a registered trademark of the U.S. Department of Homeland Security.

Pre-employment Drug Tests: I hereby authorize the City of Burleson and its agents to conduct any urine drug tests they deem necessary. I understand that proper "chain of custody" procedures will be maintained and that the testing will be conducted by a NIDA Certified laboratory. I hereby authorize the release to the City of Burleson all results of any drug tests performed by any doctors, clinics, or laboratories to which I have been referred. This information is authorized to be used by the City of Burleson for the sole purpose of employment-related matters.

Release of Personal Data: I hereby authorize any investigator or duly accredited representative of the City of Burleson to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, credit, disciplinary, driving, arrest and conviction records and personal history. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the City and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I direct you to release such information upon request of the duly accredited representative of any authorized agency regardless of any agreement I may have previously made with you to the contrary.

I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. A copy of this authorization shall be as effective as the original.

**E-signature:**

I understand that if I am hired, it will be at the discretion of the Department Head, subject to the approval of Human Resources and the City Manager, per policy. I understand that City employment is "at will" which means that the City has no obligation to continue to employ me in the future.

By submitting my application on line, I am authorizing the City of Burleson to investigate and verify any representations made by me, either orally or in writing. I hereby release the City and any individual who provides or obtains information for this application from liability. I am also aware that my application is subject to the Texas open records law and may be released as a public document. I also understand that this application is the property of the City of Burleson and will become a part of my personnel file if I am hired. Misrepresentations or false statements will result in failure to be considered for employment and/or termination, if hired. This employment action may happen at any time, whether false information is discovered prior to or after employment. Applicants that are called for interviews will be required to sign a copy of their application at that time.

**I have read and agree to the City's e-signature policy. Yes • No •**

Applicant's Printed Name \_\_\_\_\_  
Last First Middle

**Are you at least 18 years old? Yes • No •**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_  
(If applicant under age 18, prior to pre-employment drug screen/physical, parent/guardian will be required to sign)

# 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:**

Name: \_\_\_\_\_  
(Print)

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_  
(Position Title Stated on Job Opening)

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  
\_\_\_ Friend or Relative  
\_\_\_ City of Burleson Web Site  
\_\_\_ Newspaper \_\_\_\_\_  
NAME

\_\_\_ Walk-In  
\_\_\_ College, School  
\_\_\_ City Employee

Revised: 04/04/2014