KENNEDALE
You're Here, Your Home

405 Municipal Drive
Kennedale, Texas 76060

TEL: (817) 985-2106
FAX: (817) 478-7169
Web Address: www.cityofkennedale.com

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

PLEASE READ FIRST: Thank you for your interest in employment with the City of Kennedale. 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 Kennedale 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.

CITY OF KENNEDALE
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 not 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 Kennedale 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 Kennedale 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:_____
(Please Print) Last First Middle Maiden or Alias

Address:_____ Email Address_____
Number & Street City State Zip Code

Are you over the Age of 18? ☐ Yes ☐ No **If not,** state your date of birth: _____ Month Day Year

Telephone No. (___)_____ 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 for work:_____

Do you have relatives working for the City of Kennedale or serving on the City Council: ☐ Yes ☐ No

If yes, whom? _____ Relationship? _____

Are you eligible/authorized to work in U.S.? ☐ Yes ☐ No

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

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: _____

_____

EDUCATION AND TRAINING:

Your educational record will be considered 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?_____

Circle the highest grade completed: Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4 Graduate School 1 2 3 4

Name and Address of School(s) Attended:	Dates Attended (From – To)	Number of Sem. Hrs. Completed	Did You Graduate?	Type Diploma Or Degree	Major Subject
High School_____	Not Applicable	Not Applicable	_____	_____	_____
College_____	_____	_____	_____	_____	_____
Graduate School_____	_____	_____	_____	_____	_____
Business, Trade, or Other_____	_____	_____	_____	_____	_____

Computer Skills: ☐ Windows ☐ 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: _____

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 ten (10) years.

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

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EMPLOYER:_____**Dates of Employment: From**_____**To**_____

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**_____

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

Position Title_____ Starting Salary $_____ Ending Salary $_____

Supervisor's Name_____ Supervisor's Title_____

☐ Full Time
☐ Part Time
☐ Seasonal
☐ Temporary

Describe Your Duties_____

_____

_____

Reason for Leaving or Wanting to Leave_____

EMPLOYER:_____**Dates of Employment: From**_____**To**_____

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

Position Title_____ Starting Salary $_____ Ending Salary $_____

Supervisor's Name_____ Supervisor's Title_____

☐ Full Time
☐ Part Time
☐ Seasonal
☐ Temporary

Describe Your Duties_____

_____

_____

Reason for Leaving or Wanting to Leave_____

EMPLOYER:_____**Dates of Employment: From**_____**To**_____

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

Position Title_____ Starting Salary $_____ Ending Salary $_____

Supervisor's Name_____ Supervisor's Title_____

☐ Full Time
☐ Part Time
☐ Seasonal
☐ Temporary

Describe Your Duties_____

_____

_____

Reason for Leaving or Wanting to Leave_____

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 #
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.

_____

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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.

Name:_____
(Please Print) Last First Middle Maiden or Alias

Address:_____
Number & Street City State Zip Code

Check Type of License Held
☐ A-CDL
☐ B-CDL
☐ Class C

_____ _____ _____
Drivers' License Number State Expiration Date

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

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

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PLEASE READ CAREFULLY BEFORE SIGNING

PRE-EMPLOYMENT STATEMENT

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 be 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 Kennedale is for no definite period of time and that wages, benefits, and conditions of employment can be changes at any time.

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

APPLICANT'S SIGNATURE_____

DATE_____

AUTHORIZATION FOR RELEASE OF PERSONAL DATA

I hereby authorize any investigator or duly accredited representative of the City of Kennedale to obtain any information from schools, employers, criminal justice agencies, or individuals relating to my activities. This information may include, but is not limited to, academic, achievement, performance, attendance, disciplinary, driving, 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.

SIGNED this _____ day of _____, 201_.

_____

Applicant's Signature

CITY OF KENNEDALE

AUTHORIZATION TO CONDUCT DRUG TESTING

I hereby authorize the City of Kennedale 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 Kennedale all results of any drug test performed by any doctors, clinics, or laboratories to which I have been referred. This information is authorized to be used by the City of Kennedale for the sole purpose of employment-related matters.

Applicant's Printed Name _____

Last First Middle

Applicant's Signature _____Date_____