CITY OF HONEY GROVE APPLICATION FOR EMPLOYMENT

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Complete all information. You may attach a resume of no more than two (2) pages to this application. Additional information may be requested at a later date. This application will be kept on file for six (6) months, unless you periodically ask for the application to remain active. All information contained on this application is confidential and will not be shared with any other entity. Be sure to sign and date application.

Please Print NAME: FIRST PHONE NUMBER _____ SSN: ALTERNATE # CLASS: ____CDL Y N DL# ADDRESS: _ Street/P.O. Box City State Zip Position Applied For: Full Time/Part Time: _____ Have You Been Employed By the City in the past: _____ If so please provide details, (position held, dates, etc.): Education Enter Highest Level Completed Elementary School Y N High School Y N If no, enter grade completed _____ College Degree Received Y N **Vocational Training** Field of Training/Certificates _____ Y N Name and Location of Last School Attended:

Employment History List most recent back

1. Company:	Phone	#:	
Address:			
Street/P.O. Box	City	State	Zip
Dates of Employment From:	To		
Position Held: (Include Job Duties):			
If No Longer Employed, Reason for Leaving:			
2. Company:	Phone #	<u></u>	
Address: Street/P.O. Box	City	State	Zip
Dates of Employment From:	To		_
Position Held: (Include Job Duties):			
If No Longer Employed, Reason for Living:			
3. Company:	Phone #:		
Address:			
Street/P.O. Box	City	State	Zip
Dates of Employment From:	To		
Position Held: (Include Job Duties):			
If No Longer Employed, Reason for Leaving			

Company:	Phone #: _		
Address:			
Street/P.O. Box	City	State	Ziŗ
Dates of Employment From:	To:		
Position Held (Include Job Duties):			
If No Longer Employed, Reason for Leaving:			
Company:	Phone #:		
Address:			
Street/P.O. Box	City	State	Ziŗ
Dates of Employment: From:	To:		
If No Longer Employed, Reason for Leaving:			
ompany:			
Address:			
Street/P.O. Box	City	State	Zip
Dates of Employment: From:	To:		
Position Held (Include Job Duties):			
If No Longer Employed, Reason for Leaving: _			

Personal References

Name:	Phone Number:		
Address:			
Street/P.O. Box	City	State	Zip
Name:	Phone Number:		
Address:			
Address:Street/P.O. Box	City	State	Zip
Name:	Phone Number:		
Address:			
Street/P.O. Box	City	State	Zip
	Business Referen	aces	
Name:	Phone Number:		
Company Name:			
Address:			
Street/P.O. Box	City	State	Zip
Name:	Phone Number:		
Company Name:			
Address:			
Street/P.O. Box	City	State	Zip
Name:	Phone Number:		
Company Name:			
Address:			
Street/.P.O. Box	City	State	Zip

I understand that nothing in this application, or in any prior or subsequent written or oral statement, creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by the CITY OF HONEY GROVE, my employment will be at-will, for an indefinite period of time, and may be terminated at any time, with or without cause or notice, at the option of CITY OF HONEY GROVE or myself. I understand that I have the right to end my employment at any time with sufficient notice and the CITY OF HONEY GROVE retains that same right. I also understand that no one has the authority to enter into any contract, agreement or modification of the foregoing unless such contract, agreement or modification is in writing and signed by the Mayor of CITY OF HONEY GROVE. The CITY OF HONEY GROVE provides equal employment opportunity without regard to race, color, sex, religion, national origin, age or disability. The CITY OF HONEY GROVE conforms to all applicable federal and state laws, rules, guidelines and regulations and provides equal employment opportunity in all employment relations. The CITY OF HONEY GROVE assures that all applicants for employment are given equal consideration based solely on job-related factors, such as qualifications, experience, performance and availability. Such equal consideration applies to all personnel actions, including but not limited to recruitment, selection, appointment, job assignment, training, transfer, promotion, merit increases, demotion, termination, pay rates and fringe benefits. CITY OF HONEY GROVE reviews, evaluates and monitors all personnel matters to ensure that they are in accordance with this policy

I UNDERSTAND, IF I AM OFFERED A POSITION WITH THE CITY OF HONEY GROVE, I WILL BE REQUIRED TO SUBMIT TO A DRUG TEST. I ALSO UNDERSTAND, IF I AM OFFERED A POSITION WITH THE CITY OF HONEY GROVE. A BACKGROUND CHECK WILL BE COMPLETED.

Any misinformation on this application will disqualify the applicant from consideration for employment with the CITY OF HONEY GROVE.

Signature	Date

MAIL COMPLETED APPICATION:

City of Honey Grove 633 N. 6th Street Honey Grove, Texas 75446

Office: 903-378-3033 or 903-378-2323

Fax: 903-378-7890

jaci@cityofhoneygrove.org