



**CITY OF CARROLLTON**  
**APPLICATION FOR EMPLOYMENT**  
**WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

**APPLICANT'S STATEMENT:** I understand that the City of Carrollton ("City") is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, assignment, re-assignment, promotion, transfer, compensation, discipline, and termination to all qualified applicants and employees without regard to race, color, religion, genetic information, national origin, sex, pregnancy, childbirth, or related medical conditions, age, disability or handicap, citizenship status, service member status, or any other category protected by federal, state, or local law.

I authorize former and present employers, and professional, work, and personal references listed in the application or interview process and any other individuals I may name, to give the City or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to the City. I also authorize the City to provide truthful information concerning my employment (if any) with it to future employers or as may be required, and I agree to hold it harmless for providing such information.

I understand that the City reserves the right, to the extent permitted by applicable law, to require drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the City or its designees. I release the City and its designees from any and all liability and damages that may result or arise from any drug test or the provision of information in connection with such a test. Testing, if any, will only occur in accordance with applicable legal requirements.

I understand that this employment application and any other City documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period initially and that I will remain an at-will employee thereafter. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice and that the City has a similar right. I understand that no manager, representative, or agent of the City has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except that the City of Carrollton City Manager may do so in writing. In the event of my employment with the City, I will comply with all rules and regulations of the City.

I certify that the information given by me on this application and during the interview process is and will be true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the City's judgment) that I will be disqualified from consideration for employment or subject to immediate termination if discovered after I am hired.

I certify that I understand the City may obtain "consumer reports" (for example, criminal history, driving records, etc.) on me for use in connection with my application and, if I am hired, my employment.

This application will be considered "active" for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THESE STATEMENTS.**

\_\_\_\_\_   
 Date

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

*Each inquiry on this application must be fully answered or completed. Otherwise, you will not be considered for employment.*

**PERSONAL DATA**

Last Name	First Name	Middle Name	E-Mail Address
Present Address Street and Number City, State, Zip		How long have you lived there: Years _____ Months _____	
Previous Address Street and Number City, State, Zip		How long did you live there: Years _____ Months _____	
Telephone Number(s) (Home, Cell, Other)		Are you 18 years of age or older: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**CURRENT AND PREVIOUS EMPLOYMENT**

Please list the names of your present and previous employers in chronological order with present or last employer listed first. Include part-time, seasonal and all other employment. If self-employed, give company name and supply business references. If you need more space, use a separate sheet of paper. DO NOT ANSWER "SEE RESUME." Fill out this form **completely**.

<b>Employer 1</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
<b>Telephone Number(s)</b>				
<b>Address</b>		<b>Rate/Salary</b>		
<b>Job Title</b>	<b>Supervisor Name &amp; Title</b>	<b>Starting</b>	<b>Final</b>	<b>Were you ever disciplined? If so, for what?</b>
<b>Reason for Leaving</b>				
<b>Employer 2</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
<b>Telephone Number(s)</b>				
<b>Address</b>		<b>Rate/Salary</b>		
<b>Job Title</b>	<b>Supervisor Name &amp; Title</b>	<b>Starting</b>	<b>Final</b>	<b>Were you ever disciplined? If so, for what?</b>
<b>Reason for Leaving</b>				
<b>Employer 3</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
<b>Telephone Number(s)</b>				
<b>Address</b>		<b>Rate/Salary</b>		
<b>Job Title</b>	<b>Supervisor Name &amp; Title</b>	<b>Starting</b>	<b>Final</b>	<b>Were you ever disciplined? If so, for what?</b>
<b>Reason for Leaving</b>				
<b>Employer 4</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
<b>Telephone Number(s)</b>				
<b>Address</b>		<b>Rate/Salary</b>		
<b>Job Title</b>	<b>Supervisor Name &amp; Title</b>	<b>Starting</b>	<b>Final</b>	<b>Were you ever disciplined? If so, for what?</b>
<b>Reason for Leaving</b>				

**BACKGROUND INFORMATION**

Position Desired (Only list one choice): \_\_\_\_\_ Minimum Acceptable Pay Rate: \_\_\_\_\_

Placement Desired:  Full-Time  Part-Time  Temporary  Seasonal When are you available for work? \_\_\_\_\_

Will you work overtime during the work week if necessary?  Yes  No Will you work weekend overtime if necessary?  Yes  No

Are you currently working?  Yes  No If "yes", name of employer: \_\_\_\_\_

How many days of scheduled work did you miss in the last 24 months, not including vacations, holidays and other approved leave? \_\_\_\_

Please explain fully any gaps in your employment history. Be sure to account for all periods of time including military service and any period of unemployment.

List any other names which you may have used and which will be necessary to verify prior to your employment: \_\_\_\_\_

If hired, can you provide proof that you are legally entitled to work in the U.S.?  Yes  No

If not, what steps must be taken for you to begin employment lawfully? \_\_\_\_\_

Have you ever been terminated or asked to resign from any job?  Yes  No

If yes, please explain circumstances (use a separate sheet of paper if necessary): \_\_\_\_\_

May we contact your current employer?  Yes  No

If no, please explain: \_\_\_\_\_

Have you ever worked for the City or for a related entity?  Yes  No

If yes, please give dates, position and location: \_\_\_\_\_

Do you have any friends or relatives working for the City or for a related entity?  Yes  No

If yes, name(s), relationship and location: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Do you have any commitments to any other employer which could affect your employment with the City if hired (for example, an employment agreement, a non-competition or non-solicitation agreement, etc.)?  Yes  No

If yes, explain: \_\_\_\_\_

**EDUCATION**

Education	Years Completed (Circle)	School Name & Location (City, State)	Describe Course of Study or Major	Describe Specialized Experience, Training, Skills, and Extra-Curricular Activities
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade or Correspondence				

G.E.D. Certificate  Yes  No

**OTHER INFORMATION**

List any professional or occupational registration, licensure or certification you currently hold which may be applicable: \_\_\_\_\_

Please provide any other information or comments, or describe any other experience that you have which would be relevant to the job for which you are applying: \_\_\_\_\_

Please describe both your immediate and long term career goals: \_\_\_\_\_

**CRIMINAL HISTORY**

*Prior to conducting a background investigation, the City will provide you with a release form that complies with the Fair Credit Reporting Act and any applicable state law.*

Please carefully review and follow the instructions listed below.

**All Applicants** must **not** include any information about arrests, nor any convictions that were sealed, eradicated, erased, annulled or expunged, or convictions that resulted in referral to a diversion program when responding to these two questions.

Do not disclose a conviction for which a court has granted you First-Time Offender status.

Have you ever pled no contest, nolo contendere, or guilty to a misdemeanor crime, or been convicted of a misdemeanor crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever pled no contest, nolo contendere, or guilty to a felony crime, or been convicted of a felony crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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NOTE: Answering "yes" to either of these questions does not constitute an automatic bar to employment. The City will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.

If you answered yes to either of the two preceding questions, please give dates and details for each incident (use separate sheet if necessary):

**DRIVING INFORMATION** (Complete only if driving is an essential function of the job for which you are applying).

Do you have a current valid driver's license?  Yes  No If yes, License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If you do not have a driver's license for the state in which you currently reside, why not? \_\_\_\_\_

Has your license ever been suspended or revoked?  Yes  No If yes, explain: \_\_\_\_\_

Do you have personal automobile insurance?  Yes  No If no, explain: \_\_\_\_\_

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended?  Yes  No If yes, explain: \_\_\_\_\_

Have you ever been convicted, pled guilty, or pled nolo to a charge of DWI or DUI?  Yes  No

Are any such charges currently pending against you? If yes to either question, explain: \_\_\_\_\_

Please list all moving traffic violations in the last five (5) years:

OFFENSE	DATE	LOCATION	COMMENTS

**WORK REFERENCES** (Please provide three):

FIRST & LAST NAME & TITLE	COMPANY	RELATIONSHIP TO YOU	TELEPHONE NUMBER

**PERSONAL REFERENCES** (Please provide a minimum of two people who are not related to you):

FIRST & LAST NAME & TITLE	COMPANY	RELATIONSHIP TO YOU	TELEPHONE NUMBER