City of Nolanville Nolanville Fire Department

Application for Employment

Our policy is to provide equal employment to all qualified persons without regard to race, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date:		
Last name:	First name:	Middle name:
Street address:		
City:	State:	Zip:
Telephone:	Social Security	v Number:
Are you a U.S. citizen or otherwis documentation.)	se authorized to work in the U.S. on an unr	restricted basis? (You may be required to provide
Yes No		
Have you ever been convicted of	a felony? (This will not necessarily affect	your application.)
Yes No		
If yes, please describe conditions:		
Employment Desired		
Position applied for:		
How did you hear of this opening	?	
Have you ever applied for employ	vment here? Yes No	
When?		
Where?		



Have you ever been employed by this company? \Box Yes \Box No
When?
Where?
Are you presently employed? Yes No
May we contact your present employer? \Box Yes \Box No
Date you can start:
Desired starting salary:

Education

School Name and Location	Year	<u>Major</u>	Degree
High School			
College			
College			
Post Graduate			
Other Training			
In addition to your work history, are there other skills, qualifications, or early	sperience that we should con	nsider?	
Please list any scholastic honors received and offices held in school.			
Are you planning to continue your studies? Yes No			
If yes, where and what course of study?			

Employment History (Start w	vith most recent employer; attach addition	nal pages if necessary)
Company Name:		
Address:		Telephone:
Date Started:S	Starting Wage:	Starting Position:
Date Ended:	Ending Wage:	Ending Position:
Name of Supervisor:		
May we contact? Yes] No	
Responsibilities:		
Reason for leaving:		
Company Name:		
Address:		Telephone:
Date Started:	Starting Wage:	Starting Position:
Date Ended:	Ending Wage:	Ending Position:
Name of Supervisor:		
May we contact? \Box Yes \Box	No	
Responsibilities:		
Reason for leaving:		
		Telephone:
		Starting Position:
Date Ended:	Ending Wage:	Ending Position:
-		
May we contact? Yes	No	
Responsibilities:		
Reason for leaving:		

Company Name:			
Address:		Telephone:	
Date Started:	Starting Wage:	Starting Position:	
Date Ended:	Ending Wage:	Ending Position:	
Name of Supervisor:			
May we contact? \Box Yes	🗆 No		
Responsibilities:			
Reason for leaving:			
Company Name:			
Address:		Telephone:	
Date Started:	Starting Wage:	Starting Position:	
Date Ended:	Ending Wage:	Ending Position:	
Name of Supervisor:			
May we contact? \Box Yes	🗆 No		
Responsibilities:			
Reason for leaving:			
Company Name:			
Address:		Telephone:	<u>.</u>
Date Started:	Starting Wage:	Starting Position:	
Date Ended:	Ending Wage:	Ending Position:	
Name of Supervisor:			
May we contact? \Box Yes	🗆 No		
Responsibilities:			
Reason for leaving:			

References

List three personal references not related to y	ou who have known you for mo	re than one year.	
Name:	Phone:		Years Known:
Address			
Name:	Phone:		Years Known:
Address			
Name:	Phone:		Years Known:
Address			
Emergency Contact			
In case of emergency, please notify:			
Name:		Phone:	
Address:			
Name:		Phone:	
Address:			

Please read before signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

I understand that employment at this company is "at will", which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason, not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature:	Date:
C	

BACKGROUND CHECK AUTHORIZATION

DISCLOSURE AND AUTHORIZATION - Pursuant to the Federal Fair Credit Reporting Act (FCRA), 15 U.S.C. 1681 and Federal Trade Commission Regulations contained in 16 C.F.R. Part 601, Appendix C, the City of Nolanville discloses to you that a consumer report, which may include your criminal history, driving record, previous and current employment history and other background information, may be obtained for employment purposes as part of the pre-employment background investigation to evaluate your eligibility for hire and at any time during your employment.

I voluntarily and fully acknowledge and authorize the City of Nolanville to obtain a Computerized Criminal History (CCH) and consumer report as part of the hiring process. I understand that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and the results will be based on name and DOB identifiers. Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. I will direct any questions I have regarding this process to Human Resources. If I am hired, this authorization shall remain in effect and shall be considered an ongoing authorization for the City of Nolanville to obtain consumer reports at any time during my employment period.

Print Name:			
(First)	(Middle)	(Last)	
Other Names Used:			
Date of Birth:	Social S	ecurity Number:	
I certify that the above informa of this DISCLOSURE AND A background investigation in ac	UTHORIZATION stateme	ent, and authorize the Cit	e. I acknowledge my understanding y of Nolanville to conduct a

Signature

Date