



City of Lavon

Employment Application

P.O. Box 340 ~ 120 School Rd ~ Lavon, TX 75166

PH: 972-843-4220 ~ Fax 972-843-0397

kelly.davis@cityoflavon.org

Position desired: _____ Today's Date: _____

Please **Print or Type** all information. Omissions and/or false information are cause for rejection or dismissal.

Name (Last, First, Middle Initial) _____

Address _____ Apt # _____ City, State, Zip _____

Home Telephone _____ Alternate Phone _____

SSN _____ Do you have a valid Texas Driver's License? _____ Year Expires _____

Driver's License Number _____ Class _____ CDL Yes No State _____

Expected Wage: _____ per hour Date you will be available to start: _____

Have you ever filled out an employment application with the City of Lavon in the past? Yes No

Position/Title _____ Approximate Date _____

Did you receive an interview? Yes No If yes, with whom? _____

Have you ever been employed by the City of Lavon? Yes No

Position/Title _____ Approximate Date _____

Do you have any friends or relatives currently working for the City of Lavon? Yes No

Name _____ Position/Title _____

Diploma or GED and college transcript(s) may be required for verification of education prior to employment.
 Circle the 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

Type of Education	School or Agency Name and Address	Major/Minor Field Area of Study	Diploma, Degree or # of Hours	Year Degree or Diploma Obtained
High School Diploma/GED				
College				
Graduate School				
Vocational or Other				

Please list any skills (including software skills, equipment operated, technical knowledge) and licenses/certifications (including the license number) that you possess that may be required or useful in performing the essential functions of the job for which you are applying.

*Privacy Act of 1974 Disclosure. **Authority:** Human Resources Department, City of Lavon. **Routine Uses:** The SSN is used to identify and track the applications. **Purpose:** Track of Employment Applications. **Disclosure:** Voluntary

Employment History

List all jobs (including military service) beginning with your most recent employer for the past **ten years**. Do not omit any employment, whether pertinent to the position applying for or not. **Attach additional sheets if necessary.**

Employer _____	From _____	To _____
Address _____		
Telephone _____	Supervisor _____	
Position _____	Ending Salary _____	
Duties _____		

Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Reason for leaving _____
If still employed, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer _____	From _____	To _____
Address _____		
Telephone _____	Supervisor _____	
Position _____	Ending Salary _____	
Duties _____		

Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Reason for leaving _____
If still employed, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer _____	From _____	To _____
Address _____		
Telephone _____	Supervisor _____	
Position _____	Ending Salary _____	
Duties _____		

Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Reason for leaving _____
If still employed, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer _____	From _____	To _____
Address _____		
Telephone _____	Supervisor _____	
Position _____	Ending Salary _____	
Duties _____		

Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Reason for leaving _____
If still employed, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you served in the Armed Forces or National Guard of the United States? _____ Branch? _____
Dates of Service: _____ to _____ Rank at Discharge _____ Type of Discharge _____

Have you been convicted, received probation or deferred adjudication when charged with a felony? _____
If "yes", date ____ / ____ / ____ City/State _____
Charge _____ Disposition _____
(Punishment/Sentence)

Business References

Please list only individuals with whom you have worked at any position and who can attest to your work history, habits and performance.

Name _____ Relationship _____
Telephone Number(s) _____

Name _____ Relationship _____
Telephone Number(s) _____

Name _____ Relationship _____
Telephone Number(s) _____

I have reviewed the minimum qualifications for the position for which I am applying. I am aware that this application may be subject to public disclosure unless an exception under the Texas Public Information Act is applicable.

I understand and agree that my employment is "at-will" and tenure with the City of Lavon is for no definite period of time, and that wages, benefits and job conditions can be changed at any time. I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any applicant or existing employee.

I certify that 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 misstatement or omission of material facts in this application (or any information I have submitted) may be cause for rejection of this application or for my dismissal. I authorize investigation of my work history, driving and credit records if necessary, educational history and contact with references and previous employers. I understand that any offer of employment is contingent upon the result of a reference and background check and a post-offer medical examination and drug screen.

I hereby release, indemnify and hold harmless any government entity, employer and person furnishing or receiving records and information about me.

Applicant Signature _____ Date _____

RETURN COMPLETED APPLICATIONS TO:

City of Lavon

PO Box 340

Lavon, TX 75166

Fax 972-843-0397



**AUTHORIZATION FOR RELEASE OF PERSONAL DATA AND
AUTHORIZATION TO CONDUCT DRUG TESTS**

I, the undersigned, hereby authorize and request any present or former employer, educational institution, organization, law enforcement agency, financial institution, consumer reporting agency, or other persons having personal knowledge concerning my work record, school record, driving record, military record, reputation, financial or credit status, or criminal history to furnish the City of Lavon and/or its representatives, with any and all information in their possession regarding these matters, in connection with an application for or retention of employment. Furthermore, I hereby release from liability and hold harmless all persons, organizations, agencies or institutions supplying this information to the City of Lavon and/or its representatives. I also hereby release from liability and hold harmless the City of Lavon, Texas, relative to any documentation released to it pursuant to this Authorization. A photocopy of this Authorization is as effective as the original.

I hereby authorize the City of Lavon and its agents to require any drug tests they deem necessary. I hereby authorize the release to the City of Lavon all results of any drug tests performed by any doctors, clinics, or laboratories to which I have been referred by the City of Lavon. This information is authorized to be used by the City of Lavon for the sole purpose of employment-related matters.

Applicant's Printed Name _____
Last, First, Middle

Applicant's Signature _____ Date _____

PARENT OR GUARDIAN SIGNATURE _____
(If applicant is under age 18)

An Equal Opportunity Employer