



# City of Lavon

## Employment Application

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

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

cityhall@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**