City of Duncanville Application for Employment

P.O. Box 380280 - Duncanville, Texas 75138-02820 www.duncanville.com



Please note: Incomplete applications WILL NOT be Accepted

Date		Position Applied For	
NAME:	LAST	FIRST	MIDDLE
ADDRES	S	CITY	STATE ZIP CODE
PHONE v	with Area Code		Have you ever been employed here before?
Email Ad	dress		YES NO If yes, when:
Do you ha	nve relatives employed	l by the City of Duncanville?	When can you start if accepted?
☐ YES	☐ NO If yes, nam	ne:	
Are you a	high school graduate	? YES NO If NO,	do you have a GED? YES NO
Please sel	ect the highest grade	completed: College	e (if applicable)
College A	attended:		
Major:		Degree	e Received:
Please lis	t all trade schools, mi	litary schooling, business colleges	s,etc. in the space provided below.
D1 11 1	. 1 1:0	1:11 1:	
Please list	special qualifications	, skills, licenses or certifications y	you possess which may relate to this position:
Have you	ever been convicted of	of any felony or misdemeanor offe	ense, including traffic citations?
☐ YES		plain in detail, showing date, char	ge, place and action taken: cannot be hired. Give all the facts.
Have you	ever been fired or ask	ed to resign from any job in the la	ast five years?
☐ YES	☐ NO If yes, pl	ease explain:	
I			

Beginning with the most recent, list the last three jobs you held (up to the last ten years) including present employer. Include military and specifically describe various duties performed at each job.

Supervisor	Phone Number						
Address (include City and State)							
Salary Salary	Eligible for Rehire						
Begin: End:	☐ YES ☐ NO						
Reason for Leaving							
Supervisor	Phone Number						
Address (include City and State)							
Salary Salary	Eligible for Rehire						
Begin: End:	☐ YES ☐ NO						
Supervisor	Phone Number						
Address (include City and State)							
Salary Salary	Eligible for Rehire						
Begin: End:	☐ YES ☐ NO						
Reason for Leaving							
Job Duties - Be Specific							
	Address (include City and State) Salary Salary End: Supervisor Address (include City and State) Salary Salary End: Supervisor Address (include City and State) Supervisor Address (include City and State)						

REVIEW YOUR ANSWERS CAREFULLY AND READ THE STATEMENT BELOW BEFORE SIGNING AND SUBMITTING THIS APPLICATION

I represent and warrant that the answers I have given are accurate and complete to the best of my knowledge and belief. I acknowledge that I have read and understand the questions regarding criminal records and employment history and that I have answered the questions fully and truthfully. I understand that failure to answer all questions fully and truthfully may result in disqualification or dismissal.

I expressly request former employers and any persons who may have information concerning me to furnish such information to the City of Duncanville, agree to hold such persons harmless, and I do hereby release them from any and all liability for damage of any nature whatsoever for furnishing such information.

Should the City of Duncanville employ me, I agree that my employment shall be in accordance with the terms of the policies of the City of Duncanville and any amendments thereto. I understand that my employment is not for a specific term and can be terminated by me or the City at any time, for any reason, or no reason at all, with or without cause. Without limitation, failure to abide by City policies and procedures or the falsification omission of any information given by me in this application will entitle the City to reject the application, revoke any offer made, or terminate my employment after being hired. I agree to cooperate in any investigation by giving true and complete answers to all questions and by complying with all other requests for assistance. I understand that employment with the City of Duncanville is conditional upon successfully passing a background check and drug screen. My signature below represents my authorization and consent for the City of Duncanville, including its agent and representatives, to request and obtain a criminal history check and a Motor Vehicle consumer report (MVR) in accordance with the Fair Credit Reporting Act. I also authorize the City to conduct a drug screen as administered by the agent of their choice with the knowledge that failure of the drug screen will revoke any offer made, or terminate my employment after being hired. This authorization shall remain in effect for the length of my employment.

If hired, I agree and acknowledge that I will be employed pursuant to the employment at-will doctrine, that any oral representations that may be made during the application or hiring process, or during subsequent employment, are not binding against the City of Duncanville, and that any offer of employment may be revoked at any time and for any reason.

ALL APPLICATIONS ARE KEPT ACTIVE AND ON FILE FOR SIX MONTHS FROM DATE OF APPLICATION

Please type your name and the date below. This will be your signature. A incomplete and will not be accepted.			Applications received wi	pplications received with no name and date will be considered			
Name				Date			

Note: You can now complete and submit applications electronically online. First completely fill out the shaded areas of the application, save the application to your computer, and then upload the file via the upload option under the employment section of our web site.

EEOC INFORMATION

It is the policy of the City of Duncanville not to discriminate against any person on the basis of race, color, religion, sex, age, national origin, or disability. This information is sought in good faith, will be used for statistical purposes only, and will not be used in any way to discriminate against any applicant for employment. Please provide accurate information. This information is optional; however, your cooperation is important. This information will be separated by the Personnel Office before your application is processed.

Inis information will be maintained in a separate file in compliance with federal law.								
DATE		NAM	E					
POSITION AP	PLIED FOR							
SELECT ONI	E OMAL	E O	FEMALE					
REFERRAL S	SOURCE OAG	lvertisement	○ Internet ○	Friend	○ Relative	○ Walk-in	Other	
SELECT ONE	E	○ Black	○Hispan		Asian or Pacif Islander	ic $\bigcap_{\text{or A}}^{\text{Ame}}$	erican Indian laska Native	
SELECT IF A	PPLICABLE	O Vietnam E	Era Veteran	(Disabl	ed Veteran	O Person wit	h a Disability	