



City of Whitewright

P. O. Box 966
 Whitewright, Texas 75491-0966
 (903) 364-2219, Fax (903) 364-2766
 city@whitewright.com
 whitewright.com

Application for Employment

SS#: _____ / _____ / _____

INSTRUCTIONS: It is essential that all information is complete and legible to be entered into our computer system. Applications will remain in the system or on file for 6 months. The City of Whitewright is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, or disability. A resume may be attached.

Title of job for which you are applying for: _____

		Full time	Part time	Seasonal	Either
Name: (first)		(middle)	(last)		
Address: (street)		(city)	(state)	(zip)	
Phone: (home)		(work)			
Email:		(cell phone)			
Driver license number:		State:	Type:	Expiration:	

May we contact you at work? Yes No
 Are you legally authorized to accept employment in this country? Yes No
(Proof of citizenship or immigration status will be required upon employment)
 Are you over 18 years of age? Yes No

Education: (for verification purposes)

High School/GED: (name)	(city)	(state)	(date graduated)	(degree held)
College: (name)	(city)	(state)	(date graduated)	(degree held)
Other: (name)	(city)	(state)	(date graduated)	(degree held)
Postgraduate studies: (name)	(city)	(state)	(date graduated)	(degree held)
Licenses held:		Expiration date:		
Licenses held:		Expiration date:		
Certifications held:		Expiration date:		
Certifications held:		Expiration date:		
Languages fluent in:				
Other certifications:				

PRESENT OR MOST RECENT JOB

Please start with your present or most recent job.

Former or Current Employer				Type of Business		
Address				City	State	Zip Code
Dates Employed		Salary		Supervisor Name		Phone Number
From:	To:	From:	To:			
Job Title				Reason for Leaving		
May we contact your present employer regarding your character, qualifications, and record of employment? Yes No						
Description of Duties:						

Former or Current Employer				Type of Business		
Address				City	State	Zip Code
Dates Employed		Salary		Supervisor Name		Phone Number
From:	To:	From:	To:			
Job Title				Reason for Leaving		
May we contact your present employer regarding your character, qualifications, and record of employment? Yes No						
Description of Duties:						

Former or Current Employer				Type of Business		
Address				City	State	Zip Code
Dates Employed		Salary		Supervisor Name		Phone Number
From:	To:	From:	To:			
Job Title				Reason for Leaving		
May we contact your present employer regarding your character, qualifications, and record of employment? Yes No						
Description of Duties:						

Former or Current Employer				Type of Business		
Address				City	State	Zip Code
Dates Employed		Salary		Supervisor Name		Phone Number
From:	To:	From:	To:			
Job Title				Reason for Leaving		
May we contact your present employer regarding your character, qualifications, and record of employment? Yes No						
Description of Duties:						

Former or Current Employer				Type of Business		
Address				City	State	Zip Code
Dates Employed		Salary		Supervisor Name		Phone Number
From:	To:	From:	To:			
Job Title				Reason for Leaving		
May we contact your present employer regarding your character, qualifications, and record of employment? Yes No						
Description of Duties:						

Former or Current Employer				Type of Business		
Address				City	State	Zip Code
Dates Employed		Salary		Supervisor Name		Phone Number
From:	To:	From:	To:			
Job Title				Reason for Leaving		
May we contact your present employer regarding your character, qualifications, and record of employment? Yes No						
Description of Duties:						

1. Have you been fired or asked to resign from a job within the last five years? Yes No
2. Have you ever been convicted of a crime in a civilian or military court? Yes No
Convictions will not necessarily disqualify an applicant for employment.
3. Have you worked for the City of Whitewright before? Yes No
If Yes, give dates:
4. Do you or your spouse have any relatives presently working for or holding office in the City? Yes No
City policy prohibits or limits hiring relatives of City employees or officials in certain circumstances.
If Yes, list names/relationship:
5. Do you use tobacco products? Yes No

CERTIFICATION: I certify that the statements contained herein are true, complete, and correct to the best of my knowledge. I understand that falsification of application information will be grounds for dismissal. I am aware that pre-employment drug screens will be performed on all applicants receiving a job offer and those other evaluation procedures may be required as necessary.

Applicant's Signature	Date

- ❖ Pre-employment drug screens will be performed on all applicants receiving a job offer. Other evaluation procedures may be required as necessary.
- ❖ The City of Whitewright is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, or disability.

AN EQUAL OPPORTUNITY EMPLOYER

SS#: _____ / _____ / _____

TO THE APPLICANT: The commitment of the City of Whitewright to a policy of Equal Employment Opportunity requires that certain information be gathered and maintained for statistical purposes only. Your cooperation in furnishing the requested information would be greatly appreciated. This stub will be detached from the application immediately, before the application is reviewed. It will be stored separately from your application and employment records.

Check one:
White (Non Hispanic)
Black (Non Hispanic)
Hispanic
American Indian/ Alaskan Native
Asian/ Pacific Islander

Check one: Male Female

What prompted you to apply? (Check One)
Newspaper
Referred by Employment Agency
Other _____

Circle your highest education level 1-11 12-13 14-15 16+

NOTE: For purposes of statistical tabulation, the following categories are used:

WHITE - All persons, except for Hispanic persons, have origins in any of the original peoples of Europe, North Africa or Middle East.

BLACK - All persons having origins in any of the Black racial groups of Africa.

HISPANIC - All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

AMERICAN INDIAN / ALASKAN NATIVE - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

ASIAN / PACIFIC ISLANDERS - All persons having origins in any of the original peoples of the Far East. This area includes China, Japan, Korea, the Philippine Islands and Somoa.