



CITY OF ATHENS
508 E Tyler St
Human Resources Department
Athens, TX 75751-2068

Phone: (903) 677-6639 | Fax: (903) 675-7562 | Email: humanresources@athenstx.gov

APPLICATION FOR EMPLOYMENT

PLEASE READ THESE INSTRUCTIONS PRIOR TO COMPLETING THIS APPLICATION

1. Thank you for your interest in employment opportunities with the City of Athens. Applications are accepted for posted positions only. You are welcome to apply for more than one position. Applications are valid for the duration of each announcement.
2. Please complete this application in type or neat, legible print (using black or blue ink). A resume and/or other documents will not be accepted in lieu of a completed application; however, you may submit additional documents with the application.
3. The information you provide on this application should clearly reflect your suitability to the position you are applying for. Your employment record, position-related educational requirements, skills, knowledge, abilities, qualification, and experience will be evaluated based upon the information you provide in this application. Your application will be referred to the hiring department only if the minimum requirements as described in the Job Vacancy Notice are met. If you are selected for an interview, you will be contacted by the Human Resources Department.
4. In order for your application to be considered complete, you must answer all questions in this application. **AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.** Any information that you provide in this application, accompanying documents, and/or give verbally to the City of Athens is subject to verification. Falsification, misrepresentation, or omissions of fact may be grounds for rejection of your application, or subsequent termination of employment if hired. A comprehensive pre-employment reference and background screening will be conducted on all applications as permitted by law. **Comments such as "See Resume" are not acceptable and may result in the application being considered incomplete.**
5. If we are unable to consider your application, you may receive no further notice. Due to the large volume of employment inquiries received, we regret that we are unable to provide a more personal response to your application.
6. The City of Athens promotes a drug-free work environment and requires all applicants who receive a conditional offer of employment to successfully complete a drug screening test. A physical examination, driving record, and/or criminal history check may also be required after a conditional offer has been extended.
7. This application and any accompanying document (s) submitted for consideration of employment become the property of the City of Athens and will **not** be returned to the applicant.
8. This application becomes public record and is subject to disclosure in accordance with the Texas Government Code Ann. § 552-Public Information Act.

The City of Athens is an Equal Opportunity Employer and values diversity in its workplace.

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APPLICATION FOR EMPLOYMENT

Position applying for: _____
First Position Applying *Date*

Position applying for: _____
Second Position Applying *Date*

The City of Athens is an Equal Opportunity Employer and values diversity in its workplace. The City of Athens does not discriminate in employment decisions based on race, color, religion, national origin, sex, age, disability, or any other similar discriminatory basis recognized by Federal or Texas law. The City of Athens is mandated by federal law to provide a drug-free working environment for the safety of its employees and the public. All employment is contingent upon passing a pre-employment drug test.

INSTRUCTIONS: Answer each question clearly and completely. If questions are not applicable, enter "NA". Do not leave questions blank. Be sure to sign when completed. Incomplete applications will not be considered. If more space is required for any question, please attach additional sheets as necessary.

GENERAL INFORMATION			
Name	First:	Middle:	Last:
Other Names Used			
Address	Number and Street:		
	City:	State:	Zip Code:
Mailing Address (if different)			
Phone #	()	Alternate Phone #	()
E-mail			
1.) Are you over the age of 18? [] Yes [] No		If no, how old?	
2.) Do you speak, read or write languages other than English? [] Yes* [] No			
*If yes, what languages?			
How well? [] Good [] Fair [] Excellent			
3.) Types of work you will accept: [] Full Time [] Part Time [] Temporary/Seasonal			
[] Shift Work [] Weekends [] Evenings/Nights			
4.) Are you willing to work overtime as necessary? [] Yes [] No			

<p>5.) Are you legally authorized to work in the United States? <input type="checkbox"/> * Yes <input type="checkbox"/> No <i>*If hired, it will be necessary to submit documents as required by law to verify your identification and employment authorization.</i></p>		
<p>6.) Have you ever been employed by the City of Athens? <input type="checkbox"/> * Yes <input type="checkbox"/> No <i>*If yes, list dates employed and department:</i></p>		
<p>7.) Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>8.) Are you related by blood or marriage to any City of Athens employee or Council member? <input type="checkbox"/> * Yes <input type="checkbox"/> No <i>*If yes, provide name(s) and relationship(s):</i></p>		
EDUCATION		
<p>1.) Name of High School and Location (City/State):</p> <p><input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Did not Graduate</p>		
<p>2.) Describe highest education level attained (proof of education may be required; copies and/or official transcripts from colleges or universities attended may also be required):</p> <p>Circle years completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19+</p>		
Name/Type of School: Location (City/State):	Degree Achieved: 	Major: Minor: If no Degree, hours completed:

Name/Type of School: Location (City/State):	Degree Achieved:	Major: Minor: If no Degree, hours completed:
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CERTIFICATIONS

If Certification, Registration, or a Special License is required for the position, then please complete the following:

License/Certification: Issued by/Location of Issuing Authority:	License #:	Date Issued: Date Expires:
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License/Certification: Issued by/Location of Issuing Authority:	License #:	Date Issued: Date Expires:
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OTHER SKILLS

Please list any additional training, machine/equipment operating experience, computer skills, technical skills, or professional knowledge that would support your application.

EMPLOYMENT HISTORY

List in order, **current**, or **most recent** employer first and work backward to provide at least (7) years employment history (include military service). Falsifying, omitting, or providing incomplete information may be grounds for the City to disqualify your application from further consideration. **Explain all periods of unemployment and/or lapses in your work record.** You may attach a separate sheet to detail additional employment history.

EMPLOYER'S NAME:		Salary: \$
Complete Address:		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Dates Employed: From: To:	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number (Include area code):
Your Position Title:	Supervisor's Name and Title:	Supervisor's Phone Number:
Describe your duties (include office/clerical, computer/software skills utilized, machinery/equipment operated, or certification/license held)		
Specific reason for leaving or wanting to leave:		

EMPLOYER'S NAME:		Salary: \$
Complete Address:		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Dates Employed: From: To:	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number (Include area code):
Your Position Title:	Supervisor's Name and Title:	Supervisor's Phone Number:
Describe your duties (include office/clerical, computer/software skills utilized, machinery/equipment operated, or certification/license held)		
Specific reason for leaving or wanting to leave:		

EMPLOYER'S NAME:		Salary: \$
Complete Address:		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Dates Employed: From: To:	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number (Include area code):
Your Position Title:	Supervisor's Name and Title:	Supervisor's Phone Number:
Describe your duties (include office/clerical, computer/software skills utilized, machinery/equipment operated, or certification/license held)		
Specific reason for leaving or wanting to leave:		

PERSONAL REFERENCES

List four (4) personal references. Please do not list relatives. Those listed should be familiar with your qualifications for employment.

Name and Occupation:	City/State of Residence	Phone #
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PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

APPLICATION: I understand that this application, along with any attachments, becomes the property of the City of Athens and is subject to disclosure in accordance with the Texas Public Information Act. I further understand: that this is only an application for employment; that acceptance of this application does not constitute an offer of employment; that no contract is being made by submitting this application; and that this application in no way guarantees future employment.

ACCURACY OF INFORMATION: All information that I have provided in this employment application, in accompanying documents, or given verbally by me to the City is true and complete to the best of my knowledge. I have reviewed each page of this application and accompanying documents to make certain that all parts are correct and complete.

FALSIFICATION/OMISSION OF INFORMATION: This certifies that this application was completed by me and that all entries contained in this application are true and complete to the best of my knowledge. I understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application, or subsequent termination from employment, if hired.

UNDERSTANDING OF AT-WILL EMPLOYMENT: It is the policy of the City of Athens that all Non-Civil Service employees are “at will” employees (employed at the will of the City for an indefinite period) and nothing in this application shall constitute nor is intended to create a contract for employment with the City. I further understand that, if hired, my employment is at-will and I may resign from the City at any time, for any reason and that I may be terminated or transferred to another position by the City at any time, for any reason, with or without prior notice, and with or without cause. I also understand that personnel policies, procedures, wages, positions, shift assignments, benefits, or other conditions of employment may be changed at any time by the City. However, my at-will employee status shall not change absent a written agreement, signed and executed only by the City Manager of the City of Athens, Texas.

VERIFICATION OF INFORMATION: I understand that any consideration for employment in this position is contingent upon the results of a reference and background check (including, but not limited to: criminal history, driving record, e-background, employers, credit reporting and/or agencies of public record). I therefore authorize the City of Athens to investigate all statements made in my employment application and/or accompanying documents or given verbally by me to the City, and to discuss the results of its investigations with those responsible for hiring. I further authorize the City to contact my former employer(s) and any listed references or other persons who can verify information (unless otherwise noted on this application). I give my consent for former employer(s) and other contacted persons to respond to questions about me. Further, I release from liability, indemnity, and hold harmless such former employer(s), third party agencies, or other persons who furnish information about me to the City of Athens.

POST-OFFER MEDICAL/PHYSICAL EXAMINATION: I understand that if I am offered employment with the City of Athens, I will be required to submit to a post-offer drug screening analysis to determine use of illegal substances and that inconclusive and/or positive results of such analysis may be grounds for disqualification and/or subsequent termination of employment. I understand that if I become employed with the City of Athens, I will be required to comply with the City's alcohol and Substance Abuse Policy. I understand that I may be required to submit to a medical and/or psychological examination (as authorized by law) for the purpose of determining my ability to perform with or without any reasonable accommodation the essential functions of the position that I have applied for. I give my consent to submit to a drug screening, medical, physical, and/or psychological examination as requested and/or required by the City of Athens.

THE CITY OF ATHENS PROMOTES A DRUG FREE WORK ENVIRONMENT

STATEMENT OF CONSENT AND UNDERSTANDING: I certify that I have read and fully understand the contents of all aforementioned certifications and agreements. I further understand that falsification of any answers I have given and/or failure to provide requested information will likely result in disqualification of my application and/or termination of my employment. I understand that my refusal or failure to sign this application will result in my application being considered incomplete and will be disqualified from further consideration.

Applicant Signature

Date

AUTHORIZATION AND CONSENT TO RELEASE INFORMATION: I hereby authorize and request any present or former employer, educational institution, organization, law enforcement agency, financial institution, consumer reporting agency, and/or other persons having personal knowledge about me to furnish the City of Athens and/or its representative with any and all information in their possession regarding me in connection with an application for, or retention of employment. Further, I hereby release from liability and hold harmless all persons, organizations, agencies, or institutions supplying this information to the City of Athens and/or its representatives.

This authorization and consent shall be valid in original, fax, or copied form.

Applicant Signature

Date