



POSITION FOR WHICH YOU ARE APPLYING

POSITION TITLE

PLEASE WRITE CLEARLY, OR TYPE, AND ANSWER ALL QUESTIONS

Questionnaire (if applicable) must be completed and submitted with application

Date: _____ Social Security No. _____

Name _____
 Last First Middle

Address _____
 Street Apt. # City State Zip Code

Telephone _____ (Day) Cell Phone Number _____

Email Address _____ Drivers License # _____

Are you known to employers/references/schools by another name? If yes, name _____ No _____

Have you worked for the City of Lufkin before or do you now? If yes, dates _____ No _____

Department: _____

Have you ever been convicted of a crime? Yes No If yes, explain _____

Have you ever had any traffic violations? Yes No If yes, explain _____

INFORMATION REGARDING CONVICTION RECORD WILL NOT NECESSARILY BAR AN APPLICANT FROM EMPLOYMENT; INDIVIDUAL CIRCUMSTANCES WILL BE CONSIDERED RELATIVE TO THE JOB SOUGHT.

How did you hear about us? _____

Educational Background (Attach copy of transcripts)

	Year Graduated	Institution and City, State	Degree or Certificate Attained	Major Area of Study	Credit Hours or Academic Years Completed
High School			[Hatched Area]		
GED					
College or University					
Graduate School					
Vocational, Technical, Business School					

Work Experience - List your last three employers or last three positions, starting with the most recent. Attach a *Supplement Employment Application* or other pages if you want to include more positions.

Month & Year From _____ To: _____	Name/Address of Employer _____ _____	Reason for Leaving _____ _____	<input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid Employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Number of hours per wk: _____ Ending Pay \$ _____ per _____
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Title: _____ Duties: _____

List Computer Skills used in this Position _____

Largest Number of People Supervised _____ Supervisor's Name _____ Supervisor's Phone Np. _____

Month & Year From _____ To: _____	Name/Address of Employer _____ _____	Reason for Leaving _____ _____	<input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid Employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Number of hours per wk: _____ Ending Pay \$ _____ per _____
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Title: _____ Duties: _____

List Computer Skills used in this Position _____

Largest Number of People Supervised _____ Supervisor's Name _____ Supervisor's Phone Np. _____

Month & Year From _____ To: _____	Name/Address of Employer _____ _____	Reason for Leaving _____ _____	<input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid Employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Number of hours per wk: _____ Ending Pay \$ _____ per _____
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Title: _____ Duties: _____

List Computer Skills used in this Position _____

Largest Number of People Supervised _____ Supervisor's Name _____ Supervisor's Phone Np. _____

Other Employment: (Account for all employment in at least the last 10 years)

Name and Address of Company	Position Held	Employment Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Vocational Licenses/Registrations (Attach copy of documents)

Type	License/Registration Number	Issuing Authority	Issue Date	Expiration Date

Computer Skills (name software and hardware) _____

SUPPLEMENTAL WORK EXPERIENCE _____

References Include supervisors and persons **we may contact** to verify your performance and qualifications

Name _____	Occupation _____	Mailing Address _____
Your Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	Organization _____	Phone (Day) _____
Name _____	Occupation _____	Mailing Address _____
Your Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	Organization _____	Phone (Day) _____
Name _____	Occupation _____	Mailing Address _____
Your Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	Organization _____	Phone (Day) _____

AFFIRMATION

I affirm that the facts set forth above in my application for employment are true, correct and complete to the best of my knowledge. I understand that I may be required to submit information not requested on this application form; that the employing agency may verify any information provided by me in the employment process; and that incomplete information or omission of my signature is just cause for rejection of my application.

I understand and agree that, if hired, my employment would be contingent upon conditions specific to the position for which I am applying. I also understand that any omission of information or erroneous information provided in any part of the employment process would be sufficient cause for discharge. I agree that the employing agency may, at its sole discretion, provide compensatory time off in lieu of overtime pay if I were employed in a nonexempt position and if there were no existing agreement to the contrary.

_____ Signature of Applicant _____ Date _____



City of Lufkin
Human Resources
P.O. Drawer 190
Lufkin, Texas 75902-0190
(936)-633-0228
Fax: (936) 633-0408

Background Check Authorization

Last Name	First Name	Middle Initial

Former Name (s) and Dates Used

Address	City	State	Zip

Former Address	City	State	Zip

Social Security Number	Date of Birth

Home/Cell Phone Number	Driver's License Number	State

I hereby authorize the City of Lufkin, Texas (“City” or “City of Lufkin”) and its designated agents and representatives to conduct a comprehensive review of my background, causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I understand that the City may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law. I also understand that any information received as a result of this authorization may be used by the City in making an employment decision. I agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is *true and correct* and understand that dishonesty will disqualify me from consideration for employment with the City, or if I am hired or already work for the City, that my employment may be terminated.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to the City of Lufkin or its agents. I further authorize the complete release of any records or data pertaining to me that the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release the City of Lufkin and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature	Date