



AN EQUAL OPPORTUNITY EMPLOYER

# City of Ferris

## EMPLOYMENT APPLICATION

City of Ferris  
100 Town Plaza  
Ferris, TX 75125

972-544-2110  
972-842-5761

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE

Address: \_\_\_\_\_  
MAILING ADDRESS CITY STATE ZIP CODE

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Title of job you are applying for: \_\_\_\_\_ /Full time  Part time

### **THIS APPLICATION WILL BE USED FOR ONE POSITION ONLY.**

If you wish to apply for other positions with the City of Ferris, you must submit an individual application for each position.  
Failure to complete this application in full may lead to disqualification.

May we contact your present employer? Yes  No  N/A  Former employer (s) may be contacted.

**EMPLOYMENT HISTORY: LIST ALL EMPLOYMENT FOR AT LEAST THE PAST 10 YEARS.** List present or most recent position first. If you need more space, please continue on a separate page. Provide sufficient qualifying experience data.  
**Resumes will not be accepted in place of the information requested below.**

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Description of Job Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving/Wanting to Leave: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Description of Job Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving/Wanting to Leave: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**EMPLOYMENT HISTORY: (Continued)**

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Description of Job Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving/Wanting to Leave: \_\_\_\_\_ Phone Number: \_\_\_\_\_

PLEASE EXPLAIN ALL PERIODS OF UNEMPLOYMENT EXCEEDING 90 DAYS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EDUCATION AND TRAINING: Did you graduate from high school? Yes  No

If no, last grade completed: \_\_\_\_\_ GED obtained? Yes  No

College/University/Trade Business/Correspondence	Major Area of Study	Number of years attended or Semester/Quarter Hours	Type of Degree/ Certificate Granted

Copies of transcripts and/or certificates/degrees received from formal education/training must be submitted if required for the job as stated in the official announcement of the vacancy.

**CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS (including Driver's License)**

**Driver's License Type:**

A-CDL  B-CDL  C  Other \_\_\_\_\_ Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration \_\_\_\_\_  
Month/Day/Year

**Other License/Certification/Registration:**

Type: \_\_\_\_\_ Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Month/Day/Year

EQUIPMENT OR OFFICE MACHINES YOU CAN OPERATE: \_\_\_\_\_

\_\_\_\_\_

ADDITIONAL EXPERIENCE AND/OR TRAINING YOU HAVE HAD WHICH, IN YOUR OPINION, WOULD QUALIFY YOU FOR THE POSITION YOU SEEK: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you related to any member of City Council or any person now employed by the City of Ferris? Yes  No

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NAME	DEPARTMENT	RELATIONSHIP
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NAME	DEPARTMENT	RELATIONSHIP
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**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:**

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NAME	ADDRESS	CITY	PHONE
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**MILITARY SERVICE: List any relevant job-related skills acquired during military service.**

**PERSONAL DATA:**

Have you within the last 12 months, been denied employment after taking a drug test? Yes  No

Have you previously worked for the city? Yes  No  If yes, when? \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Are you authorized to work in this country? Yes  No

Have you ever been convicted of a crime? Yes  No  (You may omit any traffic offenses)

If yes to the question above, did the conviction result in imprisonment or time in jail? Yes  No

**Note: Conviction may not necessarily disqualify the applicant.**

**PLEASE PROVIDE THREE REFERENCES:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**IT IS THE RESPONSIBILITY OF THE APPLICANT TO READ THE FOLLOWING BEFORE SIGNING:**

I certify that all statements made herein or elsewhere in connection with my application for employment are true and correct. I understand that any falsification, willful omission or deception made in connection with the employment process shall be sufficient cause for dismissal or refusal of employment. I am aware that the information given in my application (including resume) may be investigated. I am also aware that my application is subject to the Open Records Act and may be released as a public document. I understand that my appointment will be at the discretion of the department director concerned, subject to the approval of the City Manager. I understand that the City of Ferris is an employment-at-will employer, in that, either I or the city may terminate my employment at any time for any or no reason subject to applicable federal or state law. I also understand that this application is the property of the City of Ferris and will become a part of my personnel file if I am hired. I understand that my employment is contingent upon successful completion of a post conditional job offer fitness for duty examination and/or a drug/alcohol screen. Failing the drug/alcohol screen will eliminate me from being considered for this job and any other position with the City for a one-year period.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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