



CITY OF THORNDALE

105 N. Main Street
Post Office Box 308
Thorndale, Texas 76577
(512) 898-2523 • Fax: (512) 898-5459

EMPLOYMENT APPLICATION

PLEASE COMPLETE ALL REQUESTED INFORMATION, INCLUDING ORIGINAL SIGNATURE.
INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED.
Resume and additional information may be attached.

Date: _____

Position applied for: _____

☐ Part Time ☐ Full Time ☐ Temporary

Name: _____ Social Security # _____
First Middle Last

Street Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

Phone number(s) _____

Email address _____

What is the best time to contact you? _____

How did you learn about us? _____

Are you currently employed? ☐ Yes ☐ No

If yes, may we contact your present employer? ☐ Yes ☐ No

Are you related by kinship or marriage to a City of Thorndale employee or City Council member? ☐ Yes ☐ No

If yes, Give name and relationship _____

Have you ever worked or attended school under any other name? ☐ Yes ☐ No

If yes, please list the name or names used: _____

How long have you lived at your current address? _____

Do you have a valid Texas Driver's License? ☐ Yes ☐ No DL _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

(Conviction will not necessarily disqualify an applicant from employment)

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) ☐ Yes ☐ No

On what date would you be available for work? _____

Are you currently on "lay-off" status and subject to recall? _____

Can you travel if the job requires it? _____

What is the minimum wage per month you will accept? _____

Are you a member of any branch of the Armed Forces Reserve Program? ☐ Yes ☐ No

If yes, please identify: _____

SKILLS AND QUALIFICATIONS

Please summarize special job-related skills/qualifications/licenses and/or certifications acquired from employment or other experience that are related to the position for which you applied.

State any information you feel may be helpful to us in considering your application.

Do you have any health department licenses or certifications? _____ If yes, please identify:

EDUCATION

High School _____

Diploma
GED

☐ Yes ☐ No
☐ Yes ☐ No

College, Technical or Vocational School(s) _____

Degree(s)

☐ Yes ☐ No

☐ Yes ☐ No

Other Training or Education _____

Degree(s)

☐ Yes ☐ No

☐ Yes ☐ No

REFERENCES

Name:

Telephone:

Address:

Years Known:

Name:

Telephone:

Address:

Years Known:

Name:

Telephone:

Address:

Years Known:

Name:

Telephone:

Address:

Years Known:

EMPLOYMENT EXPERIENCE

Begin with the current or most recent employer.

EMPLOYER Name:		
Address:		
Phone Number:		
Job Title:		
Supervisor:		
Dates of Employment:	From _____	To _____
Hourly Rate/Salary	Start _____	End _____
Work Performed		
Reason for Leaving		

EMPLOYER Name:		
Address:		
Phone Number:		
Job Title:		
Supervisor:		
Dates of Employment:	From _____	To _____
Hourly Rate/Salary	Start _____	End _____
Work Performed		
Reason for Leaving		

EMPLOYER Name:		
Address:		
Phone Number:		
Job Title:		
Supervisor:		
Dates of Employment:	From _____	To _____
Hourly Rate/Salary	Start _____	End _____
Work Performed		
Reason for Leaving		

Please use back if additional space is needed.

APPLICANT STATEMENT

*I certify that all information I have provided in this Employment Application is true and correct to the best of my knowledge.

*I understand that false statements or significant omissions of information on this application shall be considered sufficient cause to eliminate me from further consideration of employment or for immediate discharge from employment.

*I authorize the City of Thorndale the right to investigate all statements contained in this Employment Application as may be necessary in arriving at an employment decision. I hereby release the employer and its representatives from any and all liability for seeking such information and all other persons, corporations or organizations for furnishing such information.

*I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time.

*I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Thorndale is "at-will", which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause and without prior notice. It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized official of the City of Thorndale.

*I understand that any offer of employment tendered to me is contingent upon my agreement to abide by all rules and regulations of the City of Thorndale.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date

The City of Thorndale is an Equal Opportunity Employer and does not practice or permit discrimination in employment based upon race, color, religion, sex, national origin, disability, age or veterans status. All qualified applicants will be given equal opportunity. Selection decisions are based on job-related factors.