



CITY OF DESOTO
211 E.PLEASANT RUN RD.
DESOTO, TEXAS 75115
AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT / PROMOTION

Instructions: It is important that you answer all questions on this application fully and accurately. Failure to do so may delay its consideration and could mean loss of employment opportunities. If an item does not apply to you, or if there is no information to be given, please write in the letters "N.A." for *Not Applicable*. Please print in ink or type. **You may attach a Resume but it will not substitute for an Application. Comments such as "See Resume" are not acceptable.**

Specific Position Applied For _____

PERSONAL DATA

Last Name _____ First _____ M.I. _____

| | | | | |
|----------------|------|-------|-----|------------------|
| Street Address | City | State | Zip | Telephone Number |
|----------------|------|-------|-----|------------------|

E-Mail Address _____ Do you want employment for: Full Time Summer Only Part Time

Have you ever worked for the City of DeSoto? Yes No

If yes, provide position held, department, year terminated:

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
(Conviction will not necessarily disqualify applicant for employment)

If yes, list type and date of conviction: _____

Are you related within the second degree by affinity (marriage) or the third degree consanguinity (blood relationship) to the Mayor, any member of the City Council, the City Manager, or any City of DeSoto employee?

Yes No

If yes, what is the relationship? _____

EDUCATION AND TRAINING

| Type of School | Name/Location School | Dates Attended From | To | Circle Last Year Completed | Degree Obtained |
|---|--------------------------|------------------------|----|------------------------------------|--------------------|
| High School | | | | 1, 2, 3, 4 | |
| College | | | | 1, 2, 3, 4, 5, 6 | |
| Other: Special Schools, Education and Training | | | | | |
| Typing Speed | Office Machines Operated | | | Software Knowledge/Computer Skills | |

Special Licenses, Registrations Possessed:

Please list any additional special skills, technical or professional knowledge that would support your application.

Please list and describe any volunteer work experience you have.

Do you have a valid Texas Drivers License? Yes No

| | | | | |
|------------------|-----------------------------------|-----------------------------------|-----------------------------------|-------------------------|
| Type of License: | Class A: <input type="checkbox"/> | Class B: <input type="checkbox"/> | Class C: <input type="checkbox"/> | Drivers License Number: |
|------------------|-----------------------------------|-----------------------------------|-----------------------------------|-------------------------|

Do you have any type of restriction on your Driver's License? Yes No

If so, what type of restriction?

Have you had more than one moving violation In the past 12 months? Yes No

Have you had more than three moving violations in the past 3 years? Yes No

In the last five years, have you been convicted of Driving While Intoxicated (DWI) or Driving Under the Influence of Drugs (DUID)? Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last position and work back, including military experience. Account for periods during which you were not employed.

| | | | | |
|---|---------------------|-------------------|----------------------------|---|
| Name of Firm / Organization | From (Month & Year) | To (Month & Year) | Monthly Salary Starting \$ | Final \$ |
| Street Address | | City | State | Phone Number |
| Title and Job Duties | | | | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> |
| Name and Title of Immediate Supervisor | | | Reason For Leaving | |
| Name of Firm / Organization | From (Month & Year) | To (Month & Year) | Monthly Salary Starting \$ | Final \$ |
| Street Address | | City | State | Phone Number |
| Title and Job Duties | | | | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> |
| Name and Title of Immediate Supervisor | | | Reason For Leaving | |
| Name of Firm / Organization | From (Month & Year) | To (Month & Year) | Monthly Salary Starting \$ | Final \$ |
| Street Address | | City | State | Phone Number |
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| Title and Job Duties | | | | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> |
| Name and Title of Immediate Supervisor | | | Reason For Leaving | |
| Name of Firm / Organization | From (Month & Year) | To (Month & Year) | Monthly Salary Starting \$ | Final \$ |
| Street Address | | City | State | Phone Number |
| Title and Job Duties | | | | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> |
| Name and Title of Immediate Supervisor | | | Reason For Leaving | |
| Are you employed at the present time? Yes <input type="checkbox"/> No <input type="checkbox"/> May we contact your former employers for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| If yes, may we contact your present employer for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Have you ever been discharged or requested to resign? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| If yes, please explain: _____ | | | | |

PERSONAL REFERENCES

List three persons other than relatives or previous work supervisors.

Name

Business / Home Address

Phone

Title

Name

Business / Home Address

Phone

Title

Name

Business / Home Address

Phone

Title

CERTIFICATION

I certify the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void this application and any actions based on it. I authorize the City of DeSoto to inquire with my previous employers as to the character of service rendered. I also release the City of De Soto to conduct job-related inquiries into my work history, credit history, and driving record when deemed necessary.

I understand and agree that my employment is for no definite period of time and that wages, benefits, and conditions of employment can be changed and that I can be terminated at any time.

Applicants' Signature _____ Date _____

PRE-EMPLOYMENT CONSENT FORM FOR SUBSTANCE TESTING

I hereby give my consent to a physical examination, including but not limited to the collection of a blood, urine, or breath sample to be submitted for an alcohol, drug, and controlled substance, or any combination thereof, abuse screening test. Further, I hereby consent to the release of the test results to those City officials who make employment decisions for the City. I understand that any positive result from such test, like any other pre-employment investigation, which indicates my inability to satisfactorily perform the job for which I am applying may preclude my employment, and that the City shall be under no obligation to disclose to me the results of the test, or provide any reasons for my not being employed. Furthermore, I understand that my failure to execute this voluntary consent will result in my not being further considered for employment.

Applicant's Signature _____ Date _____