

**CITY OF
WESTWORTH
VILLAGE
EMPLOYMENT APPLICATION**

Applicant Name

Email Address

**DISABLED PERSONS IN NEED OF SPECIAL ASSISTANCE IN ANY STAGE OF THE APPLICATION PROCESS
SHOULD CONTACT THE HR OFFICE AT (817)710-2526.**

The City of Westworth Village considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non job-related medical condition or disability, or any other legally protected status.

CITY OF WESTWORTH VILLAGE AN EQUAL OPPORTUNITY EMPLOYER 311 Burton Hill Road Westworth Village, TX 76114				APPLICATION FOR EMPLOYMENT										
				Position applied for										
				Application Date		Date Available		Minimum Acceptable Salary						
				<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		<input type="checkbox"/> Temporary/Seasonal		<input type="checkbox"/> Volunteer				
P E R S O N A L D A T A	Name (Last, First, Middle) (Proof of identity will be required upon employment)													
	Are you authorized to work in the U.S. on an unrestricted basis? (Proof of citizenship or immigration status will be required upon employment) <input type="checkbox"/> Yes <input type="checkbox"/> No							Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Address (Street & Number or P.O. Box, City, State, Zip code)					Phone (Area code and number)								
						Alternate Phone (Area code and number)								
	Do you have any relatives working for the City of Westworth Village? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," list names, relationships, and department employed.													
	Have you ever been convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," describe location, date and offense. (Conviction will not necessarily disqualify an applicant from employment.)													
Have you ever been employed by this city? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" when? In what department?														
E D U C A T I O N	Type of School		Name and Location of School		# of Sem. Hrs. Completed		Graduated Yes No		Type of Degree		GPA	Major		
	HIGH SCHOOL						<input type="checkbox"/> <input type="checkbox"/>							
	COLLEGE OR UNIVERSITY						<input type="checkbox"/> <input type="checkbox"/>							
							<input type="checkbox"/> <input type="checkbox"/>							
							<input type="checkbox"/> <input type="checkbox"/>							
	TECHNICAL OR VOCATIONAL						<input type="checkbox"/> <input type="checkbox"/>							
							<input type="checkbox"/> <input type="checkbox"/>							
	Licenses or certificates													
	J O B S K I L L S	YEARS OF WORK		Supervisory		Clerical		Accounting		Data Processing		Construction		Other (list)
		Indicate below which machine and other job skills you have												
<input type="checkbox"/> Computer			<input type="checkbox"/> Cash Register			<input type="checkbox"/> Other (Please list here)								
<input type="checkbox"/> Copier / Scanner			<input type="checkbox"/> POS System											
<input type="checkbox"/> Inventory Management			<input type="checkbox"/> Calculator											
<input type="checkbox"/> Construction Tools			<input type="checkbox"/> Maintainers / Bulldozers			<input type="checkbox"/> Backhoes / Front loaders								
<input type="checkbox"/> Tractors / Mowers			<input type="checkbox"/> Dump Trucks			<input type="checkbox"/> Other								
List Foreign Languages					Speak <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent			Read <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent			Write <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent			
	How were you referred to the City of Westworth Village?													
	If referred by an employee of the City, give name and department.													
	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					Are you available to work shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Are you available to work temporary work? <input type="checkbox"/> Yes <input type="checkbox"/> No					Are you currently on layoff status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No								

Application for Employment – Employment History

Complete the following. Do not say “see resume.” Start with your most recent employment & work back. Be sure to include employer’s mailing address. List employment for previous 20 years. Include military service & volunteer activities, if any.

WE DO NOT CONTACT YOUR PRESENT EMPLOYER UNLESS A CONDITIONAL OFFER IS MADE			
1	Employer Name:	Position Title:	Dates of Employment (MM/YY):
		# of Employees you Supervised:	
	Address:	Description of duties and accomplishments:	
	Phone Number:	Office Machines/ Equipment Used:	
	Name of Immediate Supervisor:	Reason for Leaving:	
	Type of Business:	Pay: Starting: \$ _____ per _____ Ending: \$ _____ per _____	
2	Employer Name:	Position Title:	Dates of Employment (MM/YY):
		# of Employees you Supervised:	
	Address:	Description of duties and accomplishments:	
	Phone Number:	Office Machines/ Equipment Used:	
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	Type of Business:	Pay: Starting: \$ _____ per _____ Ending: \$ _____ per _____	
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	Phone Number:	Office Machines/ Equipment Used:	
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	Type of Business:	Pay: Starting: \$ _____ per _____ Ending: \$ _____ per _____	
4	Employer Name:	Position Title:	Dates of Employment (MM/YY):
		# of Employees you Supervised:	
	Address:	Description of duties and accomplishments:	
	Phone Number:	Office Machines/ Equipment Used:	
	Name of Immediate Supervisor:	Reason for Leaving:	
	Type of Business:	Pay: Starting: \$ _____ per _____ Ending: \$ _____ per _____	

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		# of Employees you Supervised:	
	Address:	Description of duties and accomplishments:	
	Phone Number:	Office Machines/ Equipment Used:	
	Name of Immediate Supervisor:	Reason for Leaving:	
	Type of Business:	Pay: Starting: \$ _____ per _____ Ending: \$ _____ per _____	
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		# of Employees you Supervised:	
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	Phone Number:		Office Machines/ Equipment Used:	
	Name of Immediate Supervisor:		Reason for Leaving:	
	Type of Business:		Pay: Starting: \$ _____ per _____ Ending: \$ _____ per _____	

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			# of Employees you Supervised:	
	Address:		Description of duties and accomplishments:	
	Phone Number:		Office Machines/ Equipment Used:	
	Name of Immediate Supervisor:		Reason for Leaving:	
	Type of Business:		Pay: Starting: \$ _____ per _____ Ending: \$ _____ per _____	

If you need additional space, please continue on a separate sheet of paper.

R E F E R E N C E S	List below three persons to whom we may reference for information about your character or qualifications. DO NOT INCLUDE EMPLOYERS, RELATIVES, OR SUPERVISORS. DO NOT INCLUDE MORE THAN ONE TEACHER OR PROFESSOR.			
	Name	Address (Street & No., City, State, & Zip Code)	Occupation	Area Code & Phone Number

Application for Employment

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING YOUR NAME IN THE SPACE INDICATED.

1. I certify that answers give herein are true and complete to the best of my knowledge.
2. I agree that any written or oral misrepresentations or omissions made in making this application will be grounds for immediate removal from candidate pool and/or dismissal.
3. I understand that the City of Westworth Village is entitled to obtain criminal history record information maintained by the Department of Public Safety that relates to any applicant for employment.
4. I understand that I may be required to authorize release of financial information, including credit history.
5. I hereby authorize all former employers and their employees as well as other references listed on this application to answer any questions, and to furnish any accurate information from their records concerning me, and I hereby release such companies and persons from any liability for such actions.
6. This application for employment shall be considered active for a period of time not to exceed 12 months. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing. I understand, also, that I am required to abide by all rules and regulations of the employer as a condition of employment.
7. I understand that upon a conditional offer of employment I will be required to pass a physical exam and drug screen.

APPLICATION
MUST BE SIGNED

Applicant Signature

Date

For personnel department only

Testing: ☐ Yes ☐ No Date: _____ Score: _____

Preliminary Background: ☐ Passed ☐ Failed

Interview Scheduled: ☐ Yes ☐ No Date: _____ Time: _____

Conditional Offer: ☐ Yes ☐ No

Date of Employment: _____ Job Title: _____

Additional Notes:

By: _____
Name & Title

Date



CITY OF WESTWORTH VILLAGE

311 Burton Hill Rd
Westworth Village, TX 76114

Release to Conduct Background Check

I hereby authorize any representative of the City of Westworth Village Administration/Police Department (City) bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City, whether said records are public, private, or confidential in nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City to consider in determining my suitability for employment. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by me or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its 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 information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City's acceptance and processing of my application for employment, I agree to hold, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Westworth Village Police Departments. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access to and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Westworth Village Department in conjunction with employment procedures. Please allow the photocopying of any or all records.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. This waiver is valid for a period of 12 months from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expense, including reasonable attorney's fees, arising out of or by reason of complying with this request.

PRINT NAME: _____ Birth Date _____ SSN: _____

ADDRESS: _____ PHONE #: (____) _____
Street City State Zip code

SIGNATURE: _____ DATE: _____

THE STATE OF TEXAS}
COUNTY OF TARRANT}

Before me, on this day personally appeared _____ to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that (s)he executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office this _____ day of _____.

(Seal)

Notary Public in and for the State of Texas



CITY OF WESTWORTH VILLAGE

311 Burton Hill Rd
Westworth Village, TX 76114

Background Check required documentation:

First Name		
Middle Name		
Last Name		
List any other names that you are known by or have used (Including other married names, maiden names, nicknames etc)		
Date of Birth		
Place of Birth		
Social Security Number (list any alternate SS# used also)		
List of all States and Countries that you have resided in or traveled to:		
Driver License Number		Expires:
State License or ID Issued by:		
Gender (Male / Female)		
Race		

Signature: _____ Date: _____

STOP – REMAINING IS FOR INTERNAL COMPLETION ONLY:

Background Check has been completed with the following outcome:

_____ No Criminal History _____ Criminal History found
_____ Driver's License verified
_____ Social Security Number verified _____ No records exist

Verified by:
OFFICER SIGNATURE _____ # _____ Date _____

Return completed form to City Secretary