

City of Littlefield
P.O. Box 1267 301 XIT Drive
Littlefield, Texas 79339
Phone (806) 385-9202.204
Fax (806) 385-0014

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 letter "NA" for not applicable.

DATE: _____ NAME: _____

ADDRESS: _____

TELEPHONE: _____ (Law Enforcement) TCLEOSE PID#: _____

List names of all relatives already employed by the City of Littlefield:

Have you worked for the City of Littlefield before under this or any other name?

No _____ Yes _____ What was the other name? _____

When: _____ What Position: _____

Position applying for now: _____

Types of work you will accept: Regular _____ Full Time _____ Temporary _____

Part time _____ Shift work _____ Day time _____ Night time _____

Weekend _____

Minimum salary requirement per month: _____

Are you eligible to work in the United States and verify I-9 requirements? _____

Driver License: # _____ State: _____ CDL License: A _____ B _____ C _____

Regular Class C: _____ Exempted A _____ or B _____

Endorsements: Double/Triple Trailer _____ Tank _____ HAZMAT _____

Passenger _____

Have you ever had your driver license suspended? NO _____ YES _____

If yes, explain: _____

Note: A prior conviction will NOT automatically disqualify an applicant for employment and will be considered only as it relates to the job applied for.

Did you graduate from high school or receive a G.E.D. certificate? No _____ Yes _____

Name of School

City/State

Last grade completed

Did you graduate from college? No _____ Yes _____

Number of years completed: _____ Degree Earned: _____

Please, list all trade schools, military schooling, business colleges, police training, skills, etc. you have had: _____

EMPLOYMENT RECORD: Starting with your present or last job, and including your military service assignments, list all jobs you have had since leaving school. This section must be completed despite the possible submission of a resume.

May we contact your present employer? No _____ Yes _____

Employer _____ Your position _____

Address _____ Telephone _____

Dates employed: From _____ To _____ Name of Supervisor _____

Describe work performed _____

Reason for leaving: _____

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Employer _____ Your position _____

Address _____ Telephone _____

Dates employed: From _____ To _____ Name of Supervisor _____

Describe work performed _____

Reason for leaving: _____

*

Employer _____ Your position _____
Address _____ Telephone _____
Dates employed: From _____ To _____ Name of Supervisor _____
Describe work performed _____

Reason for leaving: _____

*

Employer _____ Your position _____
Address _____ Telephone _____
Dates employed: From _____ To _____ Name of Supervisor _____
Describe work performed _____

Reason for leaving: _____

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READ CAREFULLY BEFORE SIGNING

I hereby certify that the statements made and answers given by me to the foregoing questions are true and correct and that there are no omissions of any kind whatsoever. I agree that any evasion, untruthful statement, answer, or omission shall be sufficient cause for discharge at any time. I agree to submit to physical examination including drug screen, whenever requested by City of Littlefield, by doctor, or doctors designated by the City, either prior to or during the course of employment, subject to the requirements of specific accommodations. I hereby release all doctors, medical personnel, and elected officials from all liability claims and damages in connection to furnishing any information to the City of Littlefield. I hereby request and authorize the companies or persons shown under "Employment Record" or other interest parties, not necessarily named in the foregoing application, to furnish the City of Littlefield any information regarding my employment by them together with any information they may have regarding me, including motor vehicle records, military records, financial status, criminal record, and general reputation, and I hereby release such companies or persons, the City of Littlefield, its management and elected officials from all liability, claims and damages in connection with the furnishing of such information. I further acknowledge

that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn with or without cause, at the option of the city or by me. I further acknowledge that the foregoing completed application form does not in any way constitute a contract of employment. In the event I am hired, I understand and agree that my employment with the City of Littlefield will be "at will", and that myself or the City of Littlefield can terminate my employment at any time for any reason or for no reason.

The City of Littlefield is an equal opportunity employer and does not discriminate on the basis of race, creed, color, national origin, gender, religion or disability.

Date: _____ Signature: _____

Job applications expire Fiscal Year + 2 years from the above date.