

# City of White Settlement Employment Application



Human Resources Department  
214 Meadow Park Drive  
White Settlement, TX 76108  
Website: [www.ci.white-settlement.tx.us](http://www.ci.white-settlement.tx.us)  
Phone: 817-246-4971 Fax: 817-367-0885

The City of White Settlement is a drug free workplace  
and an Equal Opportunity Employer

## Position Desired

*Applicant Must Complete*

Position Desired:

Date Available:

Type of Employment Desired: Part Time  Full Time

## Personal Information

*Please note: Print in ink or type. Complete all sections.*

Last Name: First Name: M.I.

Street Address: City: State/Zip

Home Phone: ( ) Alternate Phone: ( )

E-mail Address:

Do you have a valid TX Driver's License? Yes  No  Class: CDL? Yes  No

Do you have relatives working for the City of White Settlement? Yes No If Yes- Employee's Name

Have you ever served in the military? Yes No Do you speak any other language(s)? Specify

Do you have the legal right to obtain employment in the United States? Yes  No

Can you perform the essential functions and responsibilities of the position  
for which you are applying? Yes  No   
If not, explain:

Do you require any special accomodation to perform required duties? Yes  No   
If yes, explain:

Have you ever worked for the City of White Settlement? Yes  No   
If so, give date(s) of employment and position(s) held:

Do any of your relatives work for or hold an elective office  
for the City of White Settlement? If Yes, State their name Yes  No

List any current licenses, certifications, or registrations required for the position for which you are applying. Include date received.

## Education & Skills

Level of education completed: High School  GED  College 0-3 yrs  Degree : Assoc  Bachelor  Masters   
If degree, specify major:

Software Applications:

Typing WPM:

You may attach a copy of your resume to this application; however  
we require that the experience fields be completed on the application.

## Experience

List last 5 years of work experience

From:        /        To:        /        Beginning Salary \$        Ending Salary \$

Name of Employer:        May we contact?    Yes         No

Address:        City:        State/Zip:

Supervisor's Name:        Phone Number: (        )

Title and Duties Performed:

Reason for Leaving:

## Experience

From:        /        To:        /        Beginning Salary \$        Ending Salary \$

Name of Employer:        May we contact?    Yes         No

Address:        City:        State/Zip:

Supervisor's Name:        Phone Number: (        )

Title and Duties Performed:

Reason for Leaving:

## Experience

From:        /        To:        /        Beginning Salary \$        Ending Salary \$

Name of Employer:        May we contact?    Yes         No

Address:        City:        State/Zip:

Supervisor's Name:        Phone Number: (        )

Title and Duties Performed:

Reason for Leaving:

## Convictions

Please list all convictions civilian or military other than minor traffic violations. If you have no convictions other than minor traffic violations please write NONE        Convictions:        Dates:

Explanations

## Agreement

Agreement of Applicant:

I, the undersigned, do hereby certify that all statements in this application and accompanying materials are true and I agree and understand that my misrepresentation or deliberate omission of a material fact may be justification for termination or refusal of employment. I authorize the City of White Settlement to release information as necessary to verify statements made in this application and/or accompanying materials. I also authorize the employers, schools, or persons named above to give any additional information regarding my qualifications and character. I do hereby release information providers from any and all liability incurred as a result of furnishing such information. Information related to this application will remain confidential. If offered a position, I further agree to submit to a job-related medical examination (which will be treated as confidential) by an authorized physician and/or fingerprinting, as a condition of employment. I further agree to furnish proof of either citizenship or legal right to work in the US.

Employment with the City of White Settlement is at-will, and may be terminated at any time by either party.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

