

APPLICATION FOR EMPLOYMENT

CITY OF BRIDGEPORT
900 THOMPSON STREET
BRIDGEPORT, TEXAS 76426



The City of Bridgeport is an Equal Opportunity Employer. It is the policy of the City of Bridgeport to provide equal employment opportunities without regard to race, color, religion, veteran status, marital status, sex, national origin, age, on the basis of genetic information, or the existence of a physical or mental disability.

Date: _____

Position Applying for: _____

PERSONAL DATA

Last Name	First	Middle	Social Security No.
Mailing Address: City			State
Zip			Home or Primary Phone ()
Physical Address: City			State
Zip			Alternate Phone ()
Email Address:			How long at present address?
Driver's License Number	State	Class	Expiration Date

Can you verify your legal rights to work in the United States by providing a birth certificate, proof of U.S. Citizenship, or by some other means? (Proof of citizenship or immigration status will be required upon employment.)

Yes No

Do you have adequate means of transportation to get to work on time each day and when called in on short notice?

Yes No

List any relatives currently working for the City of Bridgeport:

Name	Department	Relationship
_____	_____	_____
_____	_____	_____

Have you been convicted, pled guilty or placed on deferred adjudication for any criminal offense other than traffic violations? Yes No

If yes, give dates and details. (Such record is not an automatic ban to employment. The nature of the crime will be considered in relation to the position for which you are applying):

Were you previously employed by this organization? Yes No

If yes, list dates and department(s): _____

Date you can begin work:

Will you work overtime whenever scheduled or requested?

Yes

No

Can you work weekends whenever scheduled or requested?

Yes

No

Would you accept part-time work?

Yes

No

Would you accept temporary work?

Yes

No

Special skills you possess (Electrical, Mechanical, Clerical or Technical):

EDUCATION AND TRAINING

Have you served in the military? Yes ___ No ___

If yes, state the type of military discharge received. (A less than honorable discharge is not an automatic ban to employment. The circumstances of the discharge will be considered in relation to the position for which you are applying):

EDUCATION	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. YEARS COMPLETED	DID YOU GRADUATE?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> G.E.D.
Trade or Business				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe any special qualifications, skills, licenses, certificates, or other relevant training: _____

EMPLOYMENT HISTORY

In the space provided below give your employment history, beginning with your PRESENT or most recent employer. List all positions held, including military, part-time, summer and volunteer work. If additional space is required, please attach additional sheets using the same format.

<p>EMPLOYER: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>TELEPHONE NO.: _____</p> <p>_____</p> <p>SUPERVISOR: _____</p> <p>MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>DATES EMPLOYED START: _____</p> <p>SEPARATION: _____</p> <p>HOURLY RATE/SALARY STARTING: _____</p> <p>FINAL: _____</p> <p>REASON FOR LEAVING: _____</p> <p>_____</p>	<p>JOB TITLE: _____</p> <p>DUTIES PERFORMED: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>EMPLOYER: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>TELEPHONE NO.: _____</p> <p>_____</p> <p>SUPERVISOR: _____</p> <p>MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>DATES EMPLOYED START: _____</p> <p>SEPARATION: _____</p> <p>HOURLY RATE/SALARY STARTING: _____</p> <p>FINAL: _____</p> <p>REASON FOR LEAVING: _____</p> <p>_____</p>	<p>JOB TITLE: _____</p> <p>DUTIES PERFORMED: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>EMPLOYER: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>TELEPHONE NO.: _____</p> <p>_____</p> <p>SUPERVISOR: _____</p> <p>MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>DATES EMPLOYED START: _____</p> <p>SEPARATION: _____</p> <p>HOURLY RATE/SALARY STARTING: _____</p> <p>FINAL: _____</p> <p>REASON FOR LEAVING: _____</p> <p>_____</p>	<p>JOB TITLE: _____</p> <p>DUTIES PERFORMED: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>EMPLOYER: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>TELEPHONE NO.: _____</p> <p>_____</p> <p>SUPERVISOR: _____</p> <p>MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>DATES EMPLOYED START: _____</p> <p>SEPARATION: _____</p> <p>HOURLY RATE/SALARY STARTING: _____</p> <p>FINAL: _____</p> <p>REASON FOR LEAVING: _____</p> <p>_____</p>	<p>JOB TITLE: _____</p> <p>DUTIES PERFORMED: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY, THEN SIGN AND DATE
BELOW.**

FALSIFICATION OF INFORMATION: I understand that my eligibility will be based on the information contained on this application. I certify that all statements made on this application are true and correct. I understand that any false statement made by me on this application could cause me to be ineligible for employment or terminated from employment. Further, I understand that I am required to abide by all rules and regulations of the employer.

VERIFICATION OF INFORMATION: I authorize the City of Bridgeport and its agents to investigate and verify the facts claimed by me on this application. I authorize any former employer, educational institution, organization, law enforcement agency, financial institution, consumer reporting agency, or other persons having personal knowledge concerning my work record, school record, driving record, military record, reputation, criminal history, or copies of such documents to provide any information requested by the City of Bridgeport and/or its agents. I further authorize the individuals listed as personal references to release any personal information that may pertain to my work habits or work performance. Furthermore, I hereby release from liability and hold harmless all persons, organizations, agencies or institutions supplying this information to the City of Bridgeport and/or its representatives. I also hereby release from liability and hold harmless the City of Bridgeport, Texas, relative to any documentation released to it pursuant to this Authorization. A photocopy of this Authorization is as effective as the original. I understand that consideration of my employment in this position is contingent upon the result of a reference and background check, and a post-offer medical examination and drug screen.

EMPLOYEE HANDBOOK: I understand and agree that any employee handbook, which I may receive, will not constitute an employment contract, but will be merely a gratuitous statement of City's current policies.

EMPLOYMENT AT WILL: I understand that nothing in this Application, or in any prior or subsequent written or oral statement, creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by the City, my employment will be at will, for an indefinite period of time and may be terminated at any time, with or without cause or notice, at the option of the City or myself. I understand that I have the right to end my employment at any time and that the City retains that same right.

DRUG – FREE WORK ENVIRONMENT: The City of Bridgeport is committed to providing a safe, efficient, drug-free work environment for all employees. In keeping with this commitment, finalists for all job openings may be required to provide body fluids (blood or urine) to determine the use of alcohol, illegal or controlled substances in the work place. I understand that if I am employed with City of Bridgeport the City may require that I submit to a drug or alcohol screen if I apply for promotion, if I am involved in an on-the-job accident, or if the City has a reasonable suspicion that I am under the influence of drugs or alcohol, and I hereby authorize the release of the results of any physical examinations or drug tests required herein to City of Bridgeport. I further understand that the City may inspect all lockers and any bags (including purses or briefcases) or parcels brought into or taken out of City buildings, and that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in the termination of my employment.

AN EQUAL OPPORTUNITY EMPLOYER: The City of Bridgeport considers all applicants for employment without regard to race, color, religion, ethnic affiliation, gender, genetics, national origin, age, disability, or veteran status, marital status, or any other protected status or classification in accordance with state and federal laws. The City of Bridgeport also provides reasonable accommodations to qualified individuals with known disabilities, in accordance with the Americans with Disabilities Act.

Applicant Signature

Date

PARENT OR GUARDIAN SIGNATURE
(If applicant is under age 18)

Date

**Release Authorization and
Fair Credit Reporting Act Disclosure**

This is to notify you that in connection with your application for employment, The City of Bridgeport (City), may procure a consumer report on you as part of the process of considering your application. Such a report may include criminal background checks, motor vehicle driving record checks, consumer credit checks and verification of information you have provided on your application. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, the City will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

Please be advised that the City may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that the City make a complete and accurate disclosure of the nature and scope of the information requested.

By signing below, I hereby authorize all entities having information about me, including present and former employers, criminal justice agencies, departments of motor vehicles, schools, and credit reporting agencies, to release such information to the City. I also release all persons and entities disclosing or providing such information from any claims, liability or damages related to or arising out of such release of information.

If hired, this release and authorization shall remain valid and in effect during the term of your employment or contract. The City reserves the right to run subsequent consumer reports and/or investigative consumer reports on an as-needed basis.

I authorize that a telephonic facsimile (FAX) or photocopy of this authorization be accepted with the same authority as the original.

_____ Date _____ Authorized Signature

Print Full Name: _____

Other Name(s) Previously Known By: _____

Date of Birth: _____/_____/_____** Social Security #: _____-_____-_____

Driver's Licenses Number: _____ State of Issue: _____

Current Residence Address: _____

List all Residence Addresses in Past Seven Years (attach additional sheets if necessary)

Please supply the following education information:

What was your name at the time of degree receipt? _____

**** Date of Birth required for background investigation purposes only, and will be used for no other purposes.**