Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date Available
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Sex	Male ☐ Female ☐	Social Security No.		Driver's License # / State	
Position Applied for				Desired Salary	
Are you available to work:	Part-Time ☐	Part-Time Seasonal ☐	Full-Time ☐	Full-Time Seasonal ☐	
Are you a citizen of the United States?	YES ☐	NO ☐	If no, are you authorized to work in the U.S.? *Proof of citizenship or immigration status will be required upon employment.*	YES ☐	NO ☐
Have you ever worked for this company?	YES ☐	NO ☐	If so, when?		
Have you ever been convicted of a felony?	YES ☐	NO ☐	If yes, explain		
Do any of your friends or relatives work here?	YES ☐	NO ☐	If so, list name(s):		
Languages: 1._____ 2._____ 3._____					

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES ☐ NO ☐	Degree
College		Address		
From	To	Did you graduate?	YES ☐ NO ☐	Degree
Other		Address		
From	To	Did you graduate?	YES ☐ NO ☐	Degree

REFERENCES (NOT RELATED TO YOU)	
Full Name	Relationship
Address	Phone ( )
Full Name	Relationship
Address	Phone ( )
Full Name	Relationship
Address	Phone ( )

SPECIAL SKILLS / CERTIFICATIONS

EMERGENCY CONTACT

Full Name	Relationship
Address	Phone ( )

PREVIOUS EMPLOYMENT

Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary $	Ending Salary $
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐		
Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary $	Ending Salary $
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐		
Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary $	Ending Salary $
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐		

DISCLAIMER AND SIGNATURE

I certify that answers given herein are true and complete to the best of my knowledge.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the City of Pharr if hired.

I further authorize the City of Pharr Personnel Department, to request criminal history record information from criminal justice agencies.

I also understand that if I am offered a job with the City of Pharr, I will undergo a physical evaluation and drug screening.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of non-job-related medical condition, handicap or disability.

Signature	Date

City of Pharr

Carefully read this authorization to release information about you, then sign and date it in ink.

Authority for Release of Information

I Authorize any duly accredited representative of the City of Pharr including those from the Personnel Department to obtain information relating to my activities from schools, residential management agents, employers, law enforcement, financial or lending institutions, consumer reporting agencies, retail business establishments, the Texas Workers' Compensation Commission, medical institutions, hospitals and other repositories of medical records, or individuals. This information is not limited to my academic, residential achievement, performance attendance, personal history, criminal history record, arrest, conviction, medical, psychiatric-psychological and financial and credit history.

I Further Authorize the City of Pharr Personnel Department, to request criminal history record information from criminal justice agencies.

I Direct You to Release such information upon request of the duly accredited representative agency regardless of any agreement I may have made with you previously to the contrary.

I Understand that the information you release is for official use by the City of Pharr, and you may disclose the information you release as authorized by law.

I Release any individual, including records custodians, from all liability for damages that are alleged or are found to be applied to you by me or any third parties on account of compliance or any attempts to comply with this authorization. This release is binding in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Photocopies of this form that show my signature are as valid as the original release signed by me.

_____ _____ _____
Signature Date Full Legal Name (Print or Type)

_____
List Other Names Used

_____ _____ _____
Current Address (Street, City) State Zip

_____ _____
Parent / Guardian Signature (If required) Date

******Applicant must fill out and sign below.***

CRIMINAL HISTORY INVESTIGATION

Applicants Full Legal Name: _____
(As shown on Social Security Card/Passport)

Permanent Address: _____

Mailing Address: _____

Driver's License Number: _____ State: _____

Date of Birth: _____

Social Security Number: _____

The applicant hereby authorizes the CITY OF PHARR to conduct a check of the applicant's criminal history.

Signature_____ Date_____

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, have been notified that a computerized criminal history
APPLICANT OR EMPLOYEE NAME (PLEASE PRINT)
(CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy to be sent to the agency listed below, and pay a fee of $ 24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the date from DPS, the Information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

_____
Signature of Applicant or Employee

_____
Date

City of Pharr
Agency Name (Please print)

_____
Agency Representative Name (Please print)

_____
Signature of Agency Representative

_____
Date

Please:
Check and Initial each Applicable Space

CCH Report Printed:

YES ☐ NO ☐ _____ initial

Purpose of CCH: _____

Hired ☐ Not Hired ☐ _____ initial

Date Printed: _____ _____ initial

Destroyed Date: _____ _____initial

Retain in your files