

**CITY OF HUBBARD, TEXAS**  
**APPLICATION FOR EMPLOYMENT**

118 North Magnolia, Hubbard Texas 76648

[www.hubbardcity.com](http://www.hubbardcity.com)

Telephone 254.576.2576

Fax 254.576.2421

The City of Hubbard is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law.

**APPLICANT INFORMATION:**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**EMPLOYMENT POSITION:**

Position (s) applying for: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

On what date can you start working, if hired? \_\_\_\_\_

**PERSONAL INFORMATION:**

Are you a citizen of the United States or approved to work in the USA? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, what document can you provide as proof of citizenship or legal status? \_\_\_\_\_

Have you ever pled "Guilty" or "No Contest" to, or been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

**JOB SKILLS/QUALIFICATIONS:**

Please list below the skills and qualifications you possess for the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION AND TRAINING**

**High School**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

**MILITARY:**

Are you a member of the armed services? \_\_\_\_\_  
What branch of the military did you enlist? \_\_\_\_\_  
What was your military rank when discharged? \_\_\_\_\_  
How many years did you serve in the military? \_\_\_\_\_  
What military skills do you possess that would be an asset for this position? \_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EMPLOYMENT: (Most recent and include last 4 years)**

**Employer Name:** \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**REFERENCES:**

List names and telephone numbers of 3 business/work references who are not related to you.

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Number of years known: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Number of years known: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Number of years known: \_\_\_\_\_

**APPLICANT STATEMENT:**

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 30 days.

In consideration of my employment, I agree to conform to the City's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, by either my or at the City's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the City. I understand that no City Representative has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I consent and agree to a criminal background check to be conducted by whomever the City may select.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

I have executed Attachment "A" and agree that copies thereof will have the same effect as the original.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT:**

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FORGOING APPLICANT STATEMENT.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

***APPLICATION FOR EMPLOYMENT ATTACHMENT "A"***

**AUTHORITY FOR RELEASE OF INFORMATION AND WAIVER**

**TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize you to furnish the City of Hubbard any information you may have concerning me, including information relating to my reputation, education, Employment, financial and credit status, and physical and mental health. This information will be used to assist the City of Hubbard in determining my qualifications and fitness for employment by the City of Hubbard.

I hereby release you from any liability or damage, which may result from furnishing the information requested above. Further, I hereby expressly waive and release any special right of access I may have under any statute or the common law to the information you furnish about me to the City of Hubbard.

\_\_\_\_\_  
**APPLICANT'S NAME** **DATE**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER** **DRIVER'S LICENSE NUMBER**

\_\_\_\_\_  
**WITNESS** **DATE**