



City of Gainesville
Employment Application Packet

Name: _____

Position(s) applying for:

Date of application: _____

The City of Gainesville welcomes you as an applicant.

It is the policy of the City of Gainesville to provide equal opportunity to all employees and applicants for employment. Additionally, it is the policy of the City of Gainesville not to discriminate on the basis of age, race, religion, sex, color, national origin, citizenship, disability, veteran's status or any other unlawful basis.

The City of Gainesville conducts pre-employment criminal history background checks and pre-employment drug testing for all positions. Driving record history checks are conducted for all positions that require a current driver's license.

If you need assistance in completing or filling out this application packet or during any phase of the application, interview, or employment process, please notify the Human Resources Department at 940.668.4590 and every reasonable effort will be made to accommodate your needs in a timely manner.

Information to Applicants & Application Guidelines

1. Applications will only be accepted for posted positions (posted by job announcement).
2. List all positions for which you are applying on the first page of this application packet.
3. Read the job announcement for the position(s) to which you are applying carefully. Note the minimum qualifications and conditions of employment required for the position(s) to ensure that you are qualified for the position(s).
4. Complete the application packet in its entirety. Incomplete applications may not be considered. Answer all questions completely and accurately. If an item does not apply to you, or if there is no information to be given, please write or type the letters N.A. for "not applicable."
5. The application form is the primary tool used in the application process. Other job related information such as resumes, letters of application, certifications, recommendations, and college transcripts may be attached to your application, but will not substitute for any information on your application.
6. This application packet must be received by the City of Gainesville Human Resources Department by 5:00 p.m. on the closing date of the job announcement.
7. You will normally be contacted by telephone only if the hiring department selects you as a finalist for the position. The telephone number listed on your application will be used to contact you. Inability to contact an applicant due to a wrong number or repeated calling with no answer or response may delay consideration and could mean a loss of employment opportunity.

Personal Information

Please provide your legal name:

Name: _____
First Middle Last

Preferred Name or Nickname: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Provide only if Email is an acceptable means for the City of Gainesville to contact and correspond with you regarding your application status.

Phone Number: _____ Alternate Phone Number: _____

If hired, when would you be able to begin work? _____

Are you at least 18 years of age? Yes No

Personal Information (continued)

Education:

Did you graduate from high school or obtain a GED Certificate? Yes No

If no, what was the highest grade completed? _____

Name(s) and Locations(s) of Colleges, Universities or Trade Schools Attended	Major/Minor (area of study)	Did you graduate?	Degree Earned (If none, list number of credits received)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Language Skills:

In what languages, other than English, are you proficient? Please list language(s) and check (✓) the areas that are applicable. (Answer only if the position that you are applying for requires or prefers a language other than English.)

Language	Read	Speak	Write	Understand
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Computer Skills and Abilities:

List computer software with which you have knowledge and experience:

Licenses/Certifications:

Please list any license(s) and/or certification(s) that you currently possess that are applicable to the position that you are applying for (such as CDL, water license, professional certifications, etc.):

Are you currently enrolled in a Police or Fire Academy? Yes No

If yes, please name academy and expected graduation date:

For Police Officer position applicants: Do you hold a current license with TCOLE? Yes No

Personal Information (continued)

1. Can you provide proof of both your identity and your right to work in the United States?
 Yes No

2. Are you a current employee of the City of Gainesville? Yes No

3. Have you ever been employed by the City of Gainesville? Yes No
If yes, please list date(s) of employment _____

4. Do you have any relatives currently employed by the City of Gainesville? Yes No
If yes, please list name, relationship and department

5. Are you related to a current member of the City Council or a member of a City board or commission?
 Yes No
If yes, please list name and relationship

6. Are you currently or have you ever been a party to any misdemeanor or felony criminal matter (other than minor traffic violations for which no arrest was made) in which you were charged, convicted, served probation, participated in deferred adjudication or other program to avoid a conviction, or made restitution or participated in pre-trial diversion or other program to avoid prosecution? (Note: Answering "yes" will not automatically bar you from employment.)
 Yes No
If yes, please list date, place, violation and fine (or sentence) for each

7. Are you currently pending trial or judgment or have you been convicted within the past five years of any moving traffic violations?
 Yes No
If yes, please list date, place, violation and fine (or sentence) for each

References:

Please list three (3) references who are not related to you.

Name	Telephone Number(s)	Other Contact Information (address or email address)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment History

List your previous employment experience within the last ten years, beginning with your current or most recent employer. Include military experience and account for all periods you were unemployed. You may include experience beyond the ten years minimum if the previous experience is applicable to the job for which you are applying. Please make copies of the next page if additional space is needed.

Current or Most Recent Employer:

Employer: _____

Address: _____

Phone No.: _____ Dates of Employment: From _____ To _____

Your title: _____ Department: _____

Starting Salary \$ _____ Ending Salary \$ _____ Full-time Part-time Temporary/Seasonal

Supervisor's Name: _____ Supervisor's Title: _____

Specific Skills or Training: _____

Major Duties or Responsibilities: _____

Reason for Leaving or Wanting to leave: _____

May we contact this employer regarding your work record? Yes No

Previous Employer:

Employer: _____

Address: _____

Phone No.: _____ Dates of Employment: From _____ To _____

Your title: _____ Department: _____

Starting Salary \$ _____ Ending Salary \$ _____ Full-time Part-time Temporary/Seasonal

Supervisor's Name: _____ Supervisor's Title: _____

Specific Skills or Training: _____

Major Duties or Responsibilities: _____

Reason for Leaving or Wanting to leave: _____

May we contact this employer regarding your work record? Yes No

Employment History (continued)

Previous Employer:

Employer: _____

Address: _____

Phone No.: _____ Dates of Employment: From _____ To _____

Your title: _____ Department: _____

Starting Salary \$ _____ Ending Salary \$ _____ Full-time Part-time Temporary/Seasonal

Supervisor's Name: _____ Supervisor's Title: _____

Specific Skills or Training: _____

Major Duties or Responsibilities: _____

Reason for Leaving or Wanting to leave: _____

May we contact this employer regarding your work record? Yes No

Previous Employer:

Employer: _____

Address: _____

Phone No.: _____ Dates of Employment: From _____ To _____

Your title: _____ Department: _____

Starting Salary \$ _____ Ending Salary \$ _____ Full-time Part-time Temporary/Seasonal

Supervisor's Name: _____ Supervisor's Title: _____

Specific Skills or Training: _____

Major Duties or Responsibilities: _____

Reason for Leaving or Wanting to leave: _____

May we contact this employer regarding your work record? Yes No

Reason(s) for lapses in employment history in the previous ten years:

Authorization and Understanding

Before signing this application, please read the following waiver carefully.

1. I have read and understand the position announcement for the position for which I am applying and certify that the answers given in this application are true and complete to the best of my knowledge. I understand that incomplete or inaccurate information will likely result in disqualification of this application.
2. I understand the employment process may include all or some of the following activities: a) verification of possession of valid driver's license, b) review of my driving record which is on file with appropriate law enforcement agencies, c) verification of work history, d) a criminal history background check, and e) a medical physical. I also understand I must pass a drug screen as a condition of final appointment.
3. I authorize all current and previous employers to release job-related information upon the written request of the City of Gainesville and any agent on its behalf. However, I understand if, in the employment history section, I have answered "No" to the question "May we contact this employer?" that contact with the employer will not be made without my specific authorization.
4. I authorize the City of Gainesville and any agent on its behalf to verify all job-related information on this application to determine my qualifications for the position for which I am applying. Moreover, I hereby release the City of Gainesville and any agent on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.
5. I understand that false statements or omissions on this application or any other material required for employment will likely result in rejection for employment or if employed, termination of my employment.
6. I understand that my employment and compensation can be terminated at any time without cause, and with or without notice at any time, at the option of the City of Gainesville. I understand that no one has authority to promise permanent employment or employment for a definite period of time. I understand that the City of Gainesville is an "at-will" employer and that either party for any reason not expressly prohibited by applicable law can terminate the employment relationship at any time.

Printed Name: _____

Signature: _____ Date Signed: _____

Please return this completed application packet to:

City of Gainesville
Human Resources Department
200 South Rusk
Gainesville, Texas 76240

The City of Gainesville will accept a faxed copy of your application if received by the closing date and time of the job announcement and if the application packet and all necessary supporting documentation are included. Our fax number is 940.668.4588.

If you need any reasonable accommodation for an interview or for employment, please contact the Human Resources Department at 940.668.4590.

Background Check Disclosure and Authorization

The City of Gainesville obtains a criminal history background check for applicants applying for all positions. The computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on the name and date of birth identifiers supplied by the applicant. The City of Gainesville obtains a driving record check for all applicants applying for positions that require driving of personal or city-owned vehicles to conduct city business. *The applicant's failure to identify any incidents as requested on the employment application, unless allowed by law, and the subsequent revelation of the incident pursuant to the criminal history and driving record background checks will automatically disqualify the applicant from employment with the City of Gainesville.*

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report* request may be made in connection with your application for employment, and/or for purposes of continued employment, promotion, transfers, etc.

If you are denied employment, or if hired, denied continued employment, a promotion, transfer, etc., either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you, in writing, of this decision, as well as the name and address of the consumer reporting agency making such report. You will also receive a copy of the report and a statement of your consumer rights.

By signing below you consent to the procurement of a consumer report for employment purposes.

Please note that this document is retained only in the Human Resources Department for background check purposes and is not forwarded to the hiring manager with the application. The City will not consider your application for employment if this Disclosure and Authorization form is not completed, signed and returned to the Human Resources Department along with your application for employment.

Signature: _____ Date Signed: _____

Printed Name (as it appears on social security card): _____

Other Last Names: _____

Current Address: _____

Social Security No.: _____ Date of Birth** : _____

Driver's License No.***: _____ State Issued: _____

License Class (A,B,C CDL): _____ Expiration Date: _____

* A consumer report may consist of employment records, educational verification, licensure verification, social security number verification, previous addresses, and criminal history. A driving history will not be requested unless it is deemed pertinent to the functions of the position for which you are applying. Medical records will not be requested.

** For consumer report purposes only.

***For positions where driving is required for business purposes.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. 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.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed 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 Gainesville

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:	_____
Empl _____ Vol/Contractor _____	_____ initial
Date Printed:	_____ initial
Destroyed Date:	_____ initial
Retain in your files	

Voluntary Self-Identification

It is the City of Gainesville's policy to provide equal employment opportunity to all persons regardless of their race, creed, religion, color, sex, age, national origin, ancestry, marital status, eligibility for military service, veteran status, or handicap. Your assistance in voluntarily completing this form will provide the information needed for us to comply with federal record keeping and reporting requirements.

The information contained in this form will not be made available to any person involved in the hiring process. Completion of this section is voluntary and does not affect the application process. If you choose not to answer any of the following questions, you will not be subject to adverse treatment. However, if you choose not to "Self-Identify," we are required under Federal Regulations to maintain race, sex and disability information on the basis of visual observation or personal knowledge. If you do not wish to furnish this information, please sign at the bottom of the page.

Name: _____ Date: _____

Position(s) Applied for: _____

Check only one (1) in each category:

Sex:

- Male
- Female

Racial Group:

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Other – Specify (Optional): _____

Vietnam Era Veteran:

- YES, I served honorably on active duty for more than 180 days, continuously, between August 5, 1964, and May 7, 1975
- NO

Disabled:

- YES
- NO

Disabled Veteran:

- YES
- NO

Education Level:

- GED
- High School Diploma
- College Credit Hours; how many? _____
- Associates Degree
- Bachelors Degree
- Masters Degree
- Ph.D.

How did you learn about this position?

- Advertisement
 - Gainesville Daily Register
 - City of Gainesville Website
 - Other _____
- Friend or Relative
- Walk-In
- Employee Referral
- Workforce Solutions Texoma
- Other _____

Disabled Applicants

If your disability might affect your ability to perform the duties of this position, please explain these limitations on the back and suggest special equipment or physical environment accommodations which may be needed for you to perform the job properly and safely.

I do not wish to furnish the above information:

Signature: _____ Date Signed: _____

Applicant's copy – Please keep

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to www.ftc.gov/credit or right to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance or employment- or take another adverse action against you- must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your social security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. **Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.**

Consumer reporting agencies may not report outdated negative information. **In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than ten years old.**

Access to your file is limited. **A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.**

You must give your consent for reports to be provided to employers. **A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.**

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. **Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-OPTOUT (1-888-567-8688).**

You may seek damages from violators. **If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.**

Identify theft victims and active duty military personnel have additional rights. **For more information, visit www.ftc.gov/credit.**

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington D.C. 20552* 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 *877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 * 202-720-7051