

CITY OF MARSHALL

Human Resources Division
406 N Fulton
Marshall, TX 75670

(903) 935-4425 Office
(903) 935-4454 Job line
(903) 935-4429 Fax
www.marshalltexas.net

APPLICATION FOR EMPLOYMENT (Non-Civil Service)

PLEASE READ THESE INSTRUCTIONS PRIOR TO COMPLETING THIS APPLICATION

1. Thank you for your interest in employment opportunities with the City of Marshall. Applications are accepted for posted positions only. You are welcome to apply for more than one position; however, **YOU MUST COMPLETE A SEPARATE APPLICATION FOR EACH POSITION YOU WISH TO APPLY FOR.** Applications are valid for the duration of each announcement.
2. Please complete this application in type or neat, legible print (using black or blue ink). A resume and/or other documents will not be accepted in lieu of a completed application; however, you may submit additional documents with the application.
3. The information you provide on this application should clearly reflect your suitability to the position you are applying for. Your employment record, position-related educational requirements, skills, knowledge, abilities, qualifications, and experience will be evaluated based upon the information you provide in this application. Your application will be referred to the hiring department only if the minimum requirements as described in the Job Vacancy Notice are met. If you are selected for an interview, you will be contacted by the Human Resources Division.
4. In order for your application to be considered complete, you must answer all questions in this application. **AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.** Any information that you provide in this application, accompanying documents, and/or give verbally to the City of Marshall is subject to verification. Falsification, misrepresentation, or omissions of fact may be grounds for rejection of your application, or subsequent termination of employment if hired. A comprehensive pre-employment reference and background screening will be conducted on all applicants as permitted by law. **Comments such as "See Resume" are not acceptable and may result in the application being considered incomplete.**
5. If we are unable to consider your application, you will receive no further notice. Due to the large volume of employment inquiries received, we regret that we are unable to provide a more personal response to your application.
6. The City of Marshall promotes a drug-free work environment and requires all applicants who receive a conditional offer of employment to successfully complete a drug screening test. A physical examination, driving record, and/or criminal history check may also be required after a conditional offer has been extended.
7. This application and any accompanying document(s) submitted for consideration of employment become the property of the City of Marshall and will not be returned to the applicant.
8. This application becomes public record and is subject to disclosure in accordance with the Texas Government Code Ann. § 552 – Public Information Act.

The City of Marshall is an **EQUAL OPPORTUNITY** employer
promoting **DIVERSITY**
and a **DRUG-FREE** work environment.

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EMPLOYMENT APPLICATION (Non-Civil Service)

Position applied for: _____ Date: _____
(Exact Position Title as stated on Job Announcement)

The City of Marshall considers all applicants for employment without regard to race, color, ancestry, religious creed, gender, national origin, age, citizenship, marital status, disability, medical condition, pregnancy, genetic characteristics, status as a Vietnam-era or special disabled veteran, or any other legally protected status or characteristic in accordance with federal, state, and local laws. The City of Marshall also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws. Should you need an accommodation during the selection/hiring process, please contact the Human Resources Division.

AN EQUAL OPPORTUNITY EMPLOYER

Name _____ Last, First, Middle	Social Security Number _____/_____/_____
Address _____ Number and Street	Telephone Number _____
_____	Telephone Number _____
City, State, Zip Code	Email address: _____

Are you over the age of 18? Yes No If no, state your age: _____

Types of work you will accept: Full Time Part Time Temporary/Seasonal Overtime
 Shift Work Weekends Evenings / Nights

Are you willing to work overtime as necessary? Yes No Date available to start work: _____

Are you legally authorized to work in the United States? Yes No
If hired, it will be necessary to submit documents as required by law to verify your identification and employment authorization.

Have you ever been employed by the City of Marshall? Yes No
If yes, list dates employed and department: _____

List the name and relationship of any City employee or City Official (including City Commissioners) that you are related to or with whom you reside:
(Include relationships by blood and marriage) _____

DRIVER'S LICENSE AND CRIMINAL HISTORY

Driver's license number and issuing state: _____ Expiration Date: _____

Do you have a current driver's license? Yes No

Do you have a commercial driver's license? Yes No

Has your driver's license ever been suspended or revoked? Yes No

If yes, explain: _____

Are you currently under indictment for any crime? Yes No If yes, state nature of indictment, date, and location of case(s). _____

Have you ever been convicted, pled guilty, pled no contest, or received deferred adjudication or probation for any criminal act? Yes No If yes, state nature of offense, date, location, and disposition of case(s). _____

*A criminal conviction is not necessarily a bar to employment. False statements or omissions of information, whether intentional or unintentional, will be grounds for immediate elimination from further consideration (or dismissal from employment with the City of Marshall if hired).

EMPLOYMENT HISTORY

List in order, **current or last** employer first and work backward to provide at least seven (7) years employment history (include military service). Falsifying, omitting, or providing incomplete information may be grounds for the City to disqualify your application from further consideration. You may attach a separate sheet to detail additional employment history.

Explain all periods of unemployment and/or lapses in your work record.

Dates Employed: From: _____ To: _____		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number (Include area code)
Employer's Name: Address (Include City & State)		Salary: \$ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Your Position Title	Supervisor's Name and Title		Supervisor's Telephone Number
Describe your duties (include office/clerical, computer/software skills utilized, machinery/equipment operated, or certification/license held)			
Specific reason for leaving or wanting to leave:			
Dates Employed: From: _____ To: _____		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number (Include area code)
Employer's Name: Address (Include City & State)		Salary: \$ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Your Position Title	Supervisor's Name and Title		Supervisor's Telephone Number
Describe your duties (include office/clerical, computer/software skills utilized, machinery/equipment operated, or certification/license held)			
Specific reason for leaving or wanting to leave:			
Dates Employed: From: _____ To: _____		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number (Include area code)
Employer's Name: Address (Include City & State)		Salary: \$ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Your Position Title	Supervisor's Name and Title		Supervisor's Telephone Number
Describe your duties (include office/clerical, computer/software skills utilized, machinery/equipment operated, or certification/license held)			
Specific reason for leaving or wanting to leave:			
Dates Employed: From: _____ To: _____		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number (Include area code)
Employer's Name: Address (Include City & State)		Salary: \$ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Your Position Title	Supervisor's Name and Title		Supervisor's Telephone Number
Describe your duties (include office/clerical, computer/software skills utilized, machinery/equipment operated, or certification/license held)			
Specific reason for leaving or wanting to leave:			

Have you ever been terminated, fired, dismissed, or asked to resign from any position? Yes No

If yes, indicate which employer and reason: _____

Please explain any time lapses in your employment history due to unemployment or any other reason: _____

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY!

APPLICATION: I understand that this application, along with any attachments, becomes the property of the City of Marshall and is subject to disclosure in accordance with the Texas Public Information Act. I further understand: that this is only an application for employment; that acceptance of this application does not constitute an offer of employment; that no contract is being made by submitting this application; and that this application in no way guarantees future employment.

ACCURACY OF INFORMATION: All information that I have provided in this employment application, in accompanying documents, or given verbally by me to the City is true and complete to the best of my knowledge. I have reviewed each page of this application and accompanying documents to make certain that all parts are correct and complete.

FALSIFICATION/OMISSION OF INFORMATION: This certifies that this application was completed by me and that all entries contained in this application are true and complete to the best of my knowledge. I understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application, or subsequent termination from employment, if hired.

UNDERSTANDING OF AT-WILL EMPLOYMENT: It is the policy of the City of Marshall that all Non-Civil Service employees are "at-will" employees (employed at the will of the City for an indefinite period) and nothing in this application shall constitute nor is intended to create a contract for employment with the City. I further understand that, if hired, my employment is at-will and I may resign from the City at any time, for any reason and that I may be terminated or transferred to another position by the City at any time, for any reason, with or without prior notice, and with or without cause. I also understand that personnel policies, procedures, wages, positions, shift assignments, benefits, or other conditions of employment may be changed at any time by the City. However, my at-will employee status shall not change absent a written agreement, signed and executed only by the City Manager of the City of Marshall.

VERIFICATION OF INFORMATION: I understand that any consideration for employment in this position is contingent upon the results of a reference and background check (including, but not limited to: employers, credit reporting and/or agencies of public record). I therefore authorize the City of Marshall to investigate all statements made in my employment application and/or accompanying documents or given verbally by me to the City, and to discuss the results of its investigations with those responsible for hiring. I further authorize the City to contact my former employer(s) and any listed references or other persons who can verify information (unless otherwise noted on this application). I give my consent for former employer(s) and other contacted persons to respond to questions about me. Further, I release from liability, indemnify, and hold harmless such former employer(s), third party agencies, or other persons who furnish information about me to the City of Marshall.

POST-OFFER MEDICAL/PHYSICAL EXAMINATION: I understand that if I am offered employment with the City of Marshall, I will be required to submit to a post-offer drug screening analysis to determine use of illegal substances and that inconclusive and/or positive results of such analysis may be grounds for disqualification and/or subsequent termination of employment. I understand that if I become employed with the City of Marshall, I will be required to comply with the City's Alcohol and Substance Abuse Policy. I understand that I may be required to submit to a medical and/or psychological examination (as authorized by law) for the purpose of determining my ability to perform with or without any reasonable accommodation the essential functions of the position that I have applied for. I give my consent to submit to a drug screening, medical, physical, and/or psychological examination as requested and/or required by the City of Marshall.

“ THE CITY OF MARSHALL PROMOTES A DRUG FREE WORK ENVIRONMENT “

STATEMENT OF CONSENT AND UNDERSTANDING: I certify that I have read and fully understand the contents of all aforementioned certifications and agreements. I further understand that falsification of any answers I have given and/or failure to provide requested information will likely result in disqualification of my application and/or termination of my employment. I understand that my refusal or failure to sign this application will result in my application being considered incomplete and will be disqualified from further consideration.

Applicant Signature

Date

AUTHORIZATION AND CONSENT TO RELEASE INFORMATION: I hereby authorize and request any present or former employer, educational institution, organization, law enforcement agency, financial institution, consumer reporting agency, and/or other persons having personal knowledge about me to furnish the City of Marshall and/or its representatives with any and all information in their possession regarding me in connection with an application for, or retention of employment. Further, I hereby release from liability and hold harmless all persons, organizations, agencies, or institutions supplying this information to the City of Marshall and/or its representatives.

This authorization and consent shall be valid in original, fax, or copied form.

Applicant Signature

Date

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APPLICANT DATA RECORD

To help us comply with government record-keeping/reporting and to evaluate the effectiveness of our recruitment efforts, please complete this **voluntary** Applicant Data Record. This data is used for statistical purposes only will be kept in a confidential file separate from your Application for Employment and will not be used as part of the hiring/selection process.

**The City of Marshall is an EQUAL OPPORTUNITY employer
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Position applied for: _____
(Exact Position Title as stated on Job Announcement)

Date: _____

Name: _____
Last, First, Middle

Male Female

- Race/National Origin:
- Hispanic or Latino
 - White (not Hispanic or Latino)
 - Black or African American (not Hispanic or Latino)
 - Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
 - Asian (not Hispanic or Latino)
 - American Indian or Alaska Native (not Hispanic or Latino)
 - Two or More Races (not Hispanic or Latino)

How did you learn of this Job Vacancy?

- | | |
|--|--|
| <input type="checkbox"/> Newspaper Advertisement _____ | <input type="checkbox"/> City Employee _____ |
| <input type="checkbox"/> Internet Advertisement _____ | <input type="checkbox"/> City Web Site _____ |
| <input type="checkbox"/> Publication/Journal _____ | <input type="checkbox"/> City Job Announcement Board _____ |
| <input type="checkbox"/> College/University Campus _____ | <input type="checkbox"/> City 24-hour Job Line _____ |
| <input type="checkbox"/> Employment Agency _____ | |
| <input type="checkbox"/> Other _____ | |

NOTICE TO INDIVIDUALS WITH DISABILITIES

Upon request, reasonable accommodations will be made during the selection process and at the work site to individuals with disabilities in accordance with the Americans with Disabilities Act and applicable state/local laws. Arrangements for accommodations may be made by contacting the Human Resources Division.

HUMAN RESOURCES DIVISION USE ONLY

Date of Hire: _____ Position hired for: _____
Supervisor: _____ Department/Division: _____

Employment status: RFT RPT TEMP SEASONAL FLSA Classification: Exempt Nonexempt
EEO Class: Off/Adm Prof Tech Protect Serv Para-Prof Adm Supt Ski Crft Serv Maint

Completed by: _____ Date: _____