



## Employment Application

111 W Collin Street

P.O. Box 1270

Leonard, Texas 75452

(903) 587-3334

[www.Cityofleonard.net](http://www.Cityofleonard.net)



## CITY OF LEONARD JOB APPLICATION

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

Position applied for: \_\_\_\_\_

### **Personal details**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Address (Do Not Use POB): \_\_\_\_\_

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

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

Emergency Contact & Telephone: \_\_\_\_\_

Do you have a High School Diploma or GED? ☐ Yes ☐ No

Name of High School you graduated/obtained GED from: \_\_\_\_\_

What is the highest level of education you have received? \_\_\_\_\_

### **Education/Qualifications**

Degree/Certification	Institution/Training provider	Date

List All Licenses/Qualifications You Possess (attach license/certificates)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Employment: (previous first)

Employer Name/ Location	Dates from/to	Position held	Reason for leaving
	/		
	/		
	/		
	/		
	/		

May we contact your current/previous employer(s)?

☐

Yes

☐

No

References:

Name	Telephone No.	Position held/working relationship

What type of work are you  
available for?

Full time

☐

Part time

☐

Seasonal

☐

When will you be available for work?

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR CLASS B OR HIGHER MISDEMEANOR FROM ANY STATE?

☐ YES

☐ No

If Yes, give details and disposition: (attach any supporting documentation)

Please provide any other information that you identify as being pertinent to this application  
(medical conditions, disabilities)

### Declaration

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with the City. I understand that this application does not constitute an offer of employment.

Signed:

Date:



## Notification and Authorization to Release Criminal Information for Employment Purposes

### Notification

The position for which I am being considered requires me to consent to a criminal background check as a condition of employment. This check includes the following: Criminal history reference searches for felony, misdemeanor and sex offender registry convictions.

### Authorization

I hereby authorize the City of Leonard to conduct a criminal background check as described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist the City of Leonard in collecting this information. Additionally, I consent to a pre-employment drug test and will be subject to random drug test(s) after being employed.

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to employment. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties of my position in a manner which is safe for the City of Leonard.

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

Please print (for identification purposes):

Full Legal Name: \_\_\_\_\_  
First Middle Last

Other Names You Have Used in Past: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female\_\_\_ Male\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Driver's License: \_\_\_\_\_

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

Previous Address (most recent): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_



Have you ever been convicted of a criminal offense or have any pending criminal charges against you?

*(This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations)*

Yes\_\_\_ No\_\_\_

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for this position and/or may serve as grounds for the severance of my employment with the City of Leonard. By signing below, I hereby provide my authorization to the City of Leonard to conduct a criminal background check. I understand that I have a right to appeal an adverse employment decision made by the City of Leonard based on my background check information within three business days of receipt of such notice and that a determination on my appeal will be made in seven working days from the City of Leonard's receipt of such appeal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date