



Employment Application

P.O. Box 220, Ennis, Texas 75120
www.ennistx.gov



Instructions: Answer each question clearly and completely. If questions are not applicable, enter "NA". Do not leave questions blank. Be sure to sign when completed. Incomplete applications will not be considered. Resumes will not be accepted in lieu of an application; you may attach a resume to this completed application. This application will only be considered for the position applied for. To be considered for other positions you will need to complete an additional application per position. The City of Ennis is an Equal Opportunity Employer, and all applicants will receive consideration without regard to race, color, religion, national origin, gender, age, and veteran or disability status.

Date: _____ Position Desired: _____

Name: _____ D.O.B: _____
(Last) (First) (Middle)

Address: _____ Phone No. _____
(Street) (City) (State) (Zip)

Email: _____ SS#: _____

Driver's License No/ State Issued In: _____ / _____ Class (check one): A-CDL B C Other Expires _____

Person to be notified in case of emergency: _____
(Name) (Relationship)

(Address) (City, State, Zip) (Telephone-Area Code)

1. Have you applied for employment with the City of Ennis before? Yes No Date: _____
2. Are you now or have you ever worked for the City of Ennis? Yes No Date: _____
3. If hired, can you provide legal proof that you are legally entitled to work in the United States? Yes No
4. Are you or your relatives related to any member of the City Commission, or any person employed by the City of Ennis? Yes No

(Name) (Relation) (Position)

5. Have you ever been convicted of a crime? Yes No

Note: A conviction does not automatically mean you cannot be appointed. Give all facts and relevant details. For purposes of employment with the City of Ennis, "Convictions" include sentenced to confinement, paid fines, time served, placed on probation (including deferred adjudication) and court-ordered restitution.

If yes, please explain: _____

Military Experience:

Date:		Honors Received:	
Branch:		Type of Discharge:	
Rank:			

Employment History:

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Include all employment for the past ten (10) years including military experience and any other relevant experience beyond ten years. Begin with your current or most recent job. Employment history should include each position held, even those with the same employer. Do not use the comment "See Resume". If you need additional space to describe your employment history adequately, you may attach additional history on this application form. This information will be used to determine if you meet the minimum work-related experience for the position you are applying for.

Name of Present or Last Employer: _____ Phone No: _____
Address: _____ Start Date: _____
City, State, Zip _____ End Date: _____
Supervisor's Name : _____ Starting Salary: _____
Your Job Title: _____ Ending Salary: _____
Your Job Duties: _____
Specify Reason(s) for leaving: _____ May we contact current employer? Yes No

Previous Employer: _____ Phone No: _____
Address: _____ Start Date: _____
City, State, Zip _____ End Date: _____
Supervisor's Name : _____ Starting Salary: _____
Your Job Title: _____ Ending Salary: _____
Your Job Duties: _____
Specify Reason(s) for leaving: _____

Previous Employer: _____ Phone No: _____
Address: _____ Start Date: _____
City, State, Zip _____ End Date: _____
Supervisor's Name : _____ Starting Salary: _____
Your Job Title: _____ Ending Salary: _____
Your Job Duties: _____
Specify Reason(s) for leaving: _____

Previous Employer: _____ Phone No: _____
Address: _____ Start Date: _____
City, State, Zip _____ End Date: _____
Supervisor's Name : _____ Starting Salary: _____
Your Job Title: _____ Ending Salary: _____
Your Job Duties: _____
Specify Reason(s) for leaving: _____

Previous Employer: _____ Phone No: _____
Address: _____ Start Date: _____
City, State, Zip _____ End Date: _____
Supervisor's Name : _____ Starting Salary: _____
Your Job Title: _____ Ending Salary: _____
Your Job Duties: _____
Specify Reason(s) for leaving: _____

References

Please list two personal references and two professional references (not former employers or relatives).

Name	Address	Phone	Years Acquainted

In relation to the education and experience record you have provided, please explain in detail any time lapses due to unemployment or other reasons. _____

EDUCATION/TRAINING

High School Attended: _____
Name of High School Location (City/State)

Did you graduate? Yes No High school Diploma GED Highest grade completed: _____ When: _____

College/University: _____
Name of College/University Location (City/State)

Did you graduate? Yes No Highest Level Completed: _____ Degree: _____

Other: _____
Name of School Location (City/State)

Did you graduate? Yes No Degree of Certificate Received: _____ When: _____

If Certification, Registration, or Special License is required for the position, please complete the following:

License/Certification	Date Issued	Date Expires	Issued by/Location of Issuing Authority	License Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any manufacturing or construction equipment or machines you operate (include office equipment if applicable.) Summarize special skills and _____

 qualifications acquired from employment or other experience that relates to this position.

I CERTIFY THAT ALL INFORMATION PRESENTED ON THIS APPLICATION IS TRUE AND VALID TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS INFORMATION WILL BE INVESTIGATED AND IN DOING SO I, THE APPLICANT, RELEASE THE EMPLOYER, THE CITY OF ENNIS FROM ANY AND ALL LIABILITY. I UNDERSTAND THAT ANY MISREPRESENTATION ON MY PART IN COMPLETING THIS APPLICATION WILL BE JUST CAUSE FOR REJECTION AT ANY TIME BEFORE AND/OR AFTER MY POSSIBLE EMPLOYMENT WITH THE CITY OF ENNIS.

I UNDERSTAND THAT THIS APPLICATION IS NOT AN EMPLOYMENT AGREEMENT AND THAT NO EMPLOYMENT IS BEING OFFERED TO ME IN THIS APPLICATION. HOWEVER, IF I AM EMPLOYED WITH THE CITY OF ENNIS, I UNDERSTAND THAT MY RELATIONSHIP WITH THE CITY OF ENNIS WILL BE GOVERNED BY THE AT-WILL DOCTRINE. THROUGH THAT DOCTRINE, I UNDERSTAND THAT THE CITY OF ENNIS IS ALLOWED TO CHANGE MY WAGES, BENEFITS, AND TERMINATE MY EMPLOYMENT AND OTHER CONDITIONS OF MY EMPLOYMENT AT ANY TIME. I ALSO UNDERSTAND THAT THROUGH THIS DOCTRINE, I MAY TERMINATE MY JOB WITH THE CITY OF ENNIS AT ANY TIME FOR ANY REASON. ALL POTENTIAL EMPLOYEES ARE SUBJECT TO A DRUG SCREEN AND DEPENDING ON THE POSITION, DRIVING RECORD CHECK, CRIMINAL HISTORY REVIEW, REFERENCE CHECK, AND ANY OTHER BACKGROUND CHECK PERTAINING TO THE APPLICANT. THE CITY OF ENNIS IS AN EQUAL-OPPORTUNITY EMPLOYER.

SIGNING OR TYPING YOUR NAME INTO THIS SECTION, YOU ARE SIGNING THIS AGREEMENT ELECTRONICALLY. YOU AGREE YOUR ELECTRONIC SIGNATURE IS THE LEGAL EQUIVALENT OF YOUR MANUAL SIGNATURE ON THIS AGREEMENT. YOU CONSENT TO BE LEGALLY BOUND BY THIS AGREEMENT'S TERMS AND CONDITIONS. YOU FURTHER AGREE THAT YOUR USE OF A KEYPAD, MOUSE, OR OTHER DEVICE TO SELECT AN ITEM, BUTTON, ICON, OR SIMILAR ACT/ACTION IS ACCEPTANCE AND AGREEMENT AS IF ACTUALLY SIGNED BY YOU IN WRITING.

SIGNATURE OF APPLICANT

DATE