



*City of Lindsay*  
**Employment Application Packet**

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

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

\_\_\_\_\_

\_\_\_\_\_

Date of application: \_\_\_\_\_

The City of Lindsay welcomes you as an applicant.

It is the policy of the City of Lindsay to provide equal opportunity to all employees and applicants for employment. Additionally, it is the policy of the City of Lindsay 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 Lindsay 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 Lindsay City Hall at 940.665.4455 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. You will normally be contacted by telephone only if the selection committee 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: \_\_\_\_\_  
*Last* *First* *Middle*

Preferred Name or Nickname: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Between hours of: \_\_\_\_\_ and \_\_\_\_\_

May we contact you at work? Yes No

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)
		Yes    No	
		Yes    No	
		Yes    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

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

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 TCLEOSE? 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 Lindsay?      Yes                      No

3. Have you ever been employed by the City of Lindsay?      Yes                      No

If yes, please list date(s) of employment \_\_\_\_\_

4. Do you have any relatives currently employed by the City of Lindsay?      Yes      No

If yes, please list name, relationship and department \_\_\_\_\_

5. Are you related to a current member of the City Council?

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)
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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 Lindsay 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 Lindsay 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 Lindsay 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 anytime without cause, and with or without notice at anytime, at the option of the City of Lindsay. 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 Lindsay is an "at-will" employer and that either party for any reason not expressly prohibited by applicable law can terminate the employment relationship at anytime.

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

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### **Please return this completed application packet to:**

City of Lindsay  
608 Ash Street  
Lindsay, Texas 76250

The City of Lindsay 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 940.665.4910. If you need any reasonable accommodation for an interview or for employment, please contact City Hall 940.665.4455.



## Background Check Disclosure and Authorization

The City of Lindsay 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 Lindsay 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 applicant from employment with the City of Lindsay.*

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 City Hall for background check purposes. The City will not consider your application for employment if this Disclosure and Authorization form is not completed, signed and returned to the city 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, CCDL): \_\_\_\_\_ 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, \_\_\_\_\_, have been notified that a Computerized Criminal  
APPLICANT or EMPLOYEE NAME (Please print)  
History (CCH) verification 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.

Because the name-based information is not an exact search and only finger print record searches  
represent true identification to criminal history, the organization conducting the criminal history check for  
background screening is not allowed to discuss any criminal history record information obtained using the  
name and DOB method. Therefore, 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.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for  
analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification  
System). I have been made aware that in order to complete this process I must make an appointment with  
L1 Enrollment Services, submit a full and complete set of my finger prints, request a copy be sent to the  
agency listed below, and pay a fee of \$24.95 to the finger printing services company, L1 Enrollment  
Services.

Once this process is completed and the agency receives the data from DPS, 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 Lindsay

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

Date \_\_\_\_\_

<b>Please Check and Initial each Applicable Space</b>		
CCH Report Printed:		
YES	NO	initial _____
Purpose of CCH: _____		
Hire: _____	Not Hire _____	initial _____
Date Printed: _____		initial _____
Destroyed Date: _____		initial _____