



P.O. Box 297  
Ponder, TX 76259  
940-479-2396

940-479-2100 Fax

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If so, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### Additional Training

Computer Skills:  Windows  MS Word  Excel  Access  Power Point  Other:

Machines or Equipment Operated: \_\_\_\_\_

Special Licenses or Registrations: \_\_\_\_\_

Indicate any foreign languages you can speak, read, or write: \_\_\_\_\_

You may provide any additional information you feel would be helpful to the Town in arriving at a decision concerning your qualifications for employment.

\_\_\_\_\_  
\_\_\_\_\_

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

## Previous Employment

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

I certify the statements made by me in this application are true, complete, and correct to the best of my knowledge, and are made by me in good faith. I understand that any falsifications, misrepresentations or omissions of fact in this application may be cause for my elimination from consideration for hire, or, if already hired, cause for my dismissal, regardless of the time that elapses before such false information is discovered.

I understand and agree that employees are "at-will" and employment with the Town of Ponder is for no definite period of time, and that wages, benefits, and conditions of employment can be changed at any time.

I understand that consideration of my employment in this position is contingent upon the result of a reference and background check.

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

**Town of Ponder**  
**AUTHORIZATION FOR RELEASE OF PERSONAL DATA AND AUTHORIZATION TO**  
**CONDUCT MEDICAL**  
**EXAMINATION AND DRUG TESTS**

I, the undersigned, hereby authorize and request any present or former employer, educational institution, organization, law enforcement agency, financial institution, consumer reporting agency, or other persons having personal knowledge concerning my work record, school record, driving record, military record, reputation, financial or credit status, or criminal history to furnish the Town of Ponder and/or its representatives, with any and all information in their possession regarding these matters, in connection with an application for or retention of employment. Furthermore, I hereby release from liability and hold harmless all persons, organizations, agencies or institutions supplying this information to the Town of Ponder and/or its representatives. I also hereby release from liability and hold harmless the Town of Ponder, Texas, relative to any documentation released to it pursuant to this Authorization. A photocopy of this Authorization is as effective as the original.

I hereby authorize the Town of Ponder and its agents to conduct any medical examination they deem necessary. I hereby authorize the release to the Town of Ponder all results of any medical examinations performed by any doctors or clinics to which I have been referred. This information is authorized to be used by the Town of Ponder for the sole purpose of employment-related matters. I hereby authorize the Town of Ponder and its agents to conduct any urine drug tests they deem necessary. I understand that proper "chain of custody" procedures shall be maintained and that the testing shall be conducted by a NIDA Certified laboratory. I hereby authorize the release to the Town of Ponder all results of any drug tests performed by any doctors, clinics, or laboratories to which I have been referred. This information is authorized to be used by the Town of Ponder for the sole purpose of employment-related matters.

Applicant's Printed Name

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_

(If applicant is under age 18)

***An Equal Opportunity Employer***

**TOWN OF PONDER  
EQUAL EMPLOYMENT OPPORTUNITY STATEMENT**

The commitment of the Town of Ponder to a policy of equal employment opportunity requires that certain information be gathered and maintained for government record-keeping requirements only. This page will be detached from your application immediately upon receipt, and this information will not be used for making interviewing or hiring decisions. Your completion of this page is optional; refusing to provide this information will not affect the evaluation of your application. Your cooperation in this effort would, however, be greatly appreciated.

**PLEASE PRINT OR TYPE:**

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Position Title Stated on Job Announcement)*

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

Race/National Origin:                       Caucasian/White     Asian/Pacific Islander

Black/Non Hispanic                       American Indian/Alaskan Native

Hispanic                                       Other

Education Level:    Circle Highest Grade Completed:

Grade School                      High School                      College                      Graduate School

1 2 3 4 5 6 7 8                      9 10 11 12                      1 2 3 4                      1 2 3 4

How did you find out about this vacancy?

Professional Organization

Walk-In

Town Employee

Town of Ponder Website

Friend or Relative

College, School

Newspaper

Other \_\_\_\_\_