



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 _____