

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.

1 Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

2 Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

3 Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Previous Employment

1 Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending salary: \$ _____
Responsibilities: _____
Form: _____ To: _____ Reason for leaving: _____
May we contact your previous supervisor for a refernce? YES NO

2 Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending salary: \$ _____
Responsibilities: _____
Form: _____ To: _____ Reason for leaving: _____
May we contact your previous supervisor for a refernce? YES NO

3 Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending salary: \$ _____

Responsibilities: _____

Form: _____ To: _____ Reason for leaving: _____

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

4 Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending salary: \$ _____

Responsibilities: _____

Form: _____ To: _____ Reason for leaving: _____

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

Military Service

Branch: _____ Form: _____ 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 chec

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 Notarized Signature: _____ Date: _____

PARENT OR GUARDIAN SIGNATURE

(if applicant is under the age of 18)

State of _____
County of _____

Sworn to and subscribed before me on the:

_____ day of _____, _____,

by the above Applicant.

Notary's Printed Name: _____

NOTARY STAMP

Notary's Commission Expires: _____

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)

Applicant First and Last Name: _____

Date of Birth: _____ Age: _____ Male Female

Drivers License #: _____ State: _____

<u>Race / National Origin:</u>	<u>Education Level:</u>								
<input type="checkbox"/> Asian / Pacific Islander	<u>Grade School</u>	1	2	3	4	5	6	7	8
<input type="checkbox"/> Black / Non Hispanic									
<input type="checkbox"/> Caucasian / White	<u>High School</u>	9	10	11	12				
<input type="checkbox"/> Hispanic									
<input type="checkbox"/> Alaskan Native	<u>College</u>	1	2	3	4				
<input type="checkbox"/> American Indian									
<input type="checkbox"/> Other	<u>Graduate School</u>	1	2	3	4				

How did you find out about this vacancy?

- | | |
|--|---|
| <input type="checkbox"/> Professional Organization | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> Town Employee: _____ | <input type="checkbox"/> Town of Ponder website |
| <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> College , School |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other: _____ |