

**City of Littlefield**  
**P.O. Box 1267**  
**Littlefield, Texas 79339**  
**Phone (806) 385-5161.204**  
**Fax (806) 385-0014**

Instructions: It is important that you answer all questions on this application fully and accurately. Failure to do so may delay its consideration and could mean loss of employment opportunities. If an item does not apply to you, or if there is no information to be given, please write in the letter "NA" for not applicable.

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ TCLEOSE PID#: \_\_\_\_\_

List names of all relatives already employed by the City of Littlefield:

\_\_\_\_\_

Have you worked for the City of Littlefield before under this or any other name?

No \_\_\_\_\_ Yes \_\_\_\_\_ What was the other name? \_\_\_\_\_

When: \_\_\_\_\_ What Position: \_\_\_\_\_

Position applying for now: \_\_\_\_\_

Types of work you will accept: Regular \_\_\_\_\_ Full Time \_\_\_\_\_ Temporary \_\_\_\_\_

Part time \_\_\_\_\_ Shift work \_\_\_\_\_ Day time \_\_\_\_\_ Night time \_\_\_\_\_

Weekend \_\_\_\_\_

Minimum salary requirement per month: \_\_\_\_\_

United States Citizen: Yes \_\_\_\_\_

If not a United States citizen, provide alien number or visa status:

\_\_\_\_\_

Driver License: # \_\_\_\_\_ State: \_\_\_\_\_ CDL License: A \_\_\_ B \_\_\_ C \_\_\_

Regular Class C: \_\_\_\_\_ Exempted A \_\_\_\_\_ or B \_\_\_\_\_

Endorsements: Double/Triple Trailer \_\_\_\_\_ Tank \_\_\_\_\_ HAZMAT \_\_\_\_\_

Passenger \_\_\_\_\_

Have you ever had your driver license suspended? NO \_\_\_\_\_ YES \_\_\_\_\_

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

Have you ever been convicted of a felony under this or another name? (You may omit minor traffic violations) No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, give details showing the date, the charge, the place and

the action: \_\_\_\_\_

*Note: Prior to employment, applicant will be investigated as to convictions for prior criminal offenses. A prior conviction will NOT automatically disqualify an applicant for employment and will be considered only as it relates to the job applied for.*

Did you graduate from high school or receive a G.E.D. certificate? No \_\_\_\_\_ Yes \_\_\_\_\_

Date	Name of School	City /State	Last grade completed
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Did you graduate from college? No \_\_\_\_\_ Yes \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Please, list all trade schools, military schooling, business colleges, police training, skills, etc. you have had: \_\_\_\_\_

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

**EMPLOYMENT RECORD:** Starting with your present or last job, and including your military service assignments, list all jobs you have had since leaving school. This section must be completed despite the possible submission of a resume.

May we contact your present employer? No \_\_\_\_\_ Yes \_\_\_\_\_

Employer \_\_\_\_\_ Your position \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Describe work performed \_\_\_\_\_

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

Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\*

Employer \_\_\_\_\_ Your position \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Describe work performed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\*

Employer \_\_\_\_\_ Your position \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Describe work performed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\*

Employer \_\_\_\_\_ Your position \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Describe work performed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\*

READ CAREFULLY BEFORE SIGNING

I hereby certify that the statements made and answers given by me to the foregoing questions are true and correct and that there are no omissions of any kind whatsoever. I agree that any evasion, untruthful statement, answer, or omission shall be sufficient cause for discharge at any time. I agree to submit to physical examination including drug screen, whenever requested by City of Littlefield, by doctor, or doctors designated by the City, either prior to or during the course of employment, subject to the requirements of ADA. I hereby release all doctors, medical personnel, and elected officials from all liability claims and damages in connection to furnishing any information to the City of Littlefield. I hereby request and authorize the companies or persons shown under "Employment Record" or other interest parties, not necessarily named in the foregoing application, to furnish the City of Littlefield any information regarding my employment by them together with any information they may have regarding me, including motor vehicle records, military records, financial status, criminal record, and general reputation, and I hereby release such companies or persons, the City of Littlefield, its management and elected officials from all liability, claims and damages in connection with the furnishing of such information. I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn with or without cause, at the option of the city or by me. I further acknowledge that the foregoing completed application form does not in any way constitute a contract of employment. In the event I am hired, I understand and agree that my employment with the City of Littlefield will be "at will", and that the City of Littlefield can terminate my employment at any time for any reason or for no reason.

**The City of Littlefield is an equal opportunity employer and does not discriminate on the basis of race, creed, color, national origin, gender, religion or disability.**

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