



The City of Tool

Employment Application
 701 N. Tool Dr. Tool, TX 75143
 903-432-3522 (O) 903-432-3867 (F)

WWW.TOOLTEXAS.ORG / JOBS@TOOLTEXAS.ORG

APPLICANT INFORMATION												
First Name			Last Name			M.I.						
Address						APT. #						
City				State		ZIP						
Phone				E-mail Address								
Date Available		Social Security #			Driver's License #			State				
Position Applying For												
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
EMERGENCY CONTACT												
Name					Relation							
Address					Contact #							
EDUCATION												
High School			Address									
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College			Address									
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other			Address									
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
MILITARY HISTORY												
Branch				Dates of Service								
Discharge Rank				Discharge Type								
If other than honorable, explain												
LEGAL BACKGROUND RECORD												
Have you ever been charged or convicted of a crime greater than a class C misdemeanor?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Do you have any pending conviction?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
What was or is the charge?												
Is or has your driver's license ever been suspended or revoked?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Is your license pending a Suspension or Revocation?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
If yes, explain why?												

GENERAL

Office Skills	<input type="checkbox"/> Windows	<input type="checkbox"/> M.S. Word	<input type="checkbox"/> M.S. Excel	<input type="checkbox"/> Other: _____
Estimated Words Per -Minute			Estimated 10 Key Speed	
Special Certifications				
Special Skills				
Special Interest				

REFERENCES

Please list three references that you have known for at least one year. Please do not list family members.

Full Name		Relation	
Address		Phone	
Full Name		Relation	
Address		Phone	
Full Name		Relation	
Address		Phone	

PREVIOUS EMPLOYMENT

Company				Phone		
Address				Supervisor		
Title		Starting Salary	\$	Ending Salary	\$	
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone		
Address				Supervisor		
Title		Starting Salary	\$	Ending Salary	\$	
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone		
Address				Supervisor		
Title		Starting Salary	\$	Ending Salary	\$	
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

DISCLAIMER AND SIGNATURE

- I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I also understand that failure to complete any portion of this application may eliminate me from further consideration.
- I understand that the information provided will be investigated and in doing so I, the applicant, release the employer, being the City of Tool from any and all liability.
- I understand that this application is not an employment agreement and that no employment is being offered to me in this application. However, if I am employed with the City of Tool, I understand that my relationship with the City of Tool will be governed by the "At-Will" doctrine. Through that doctrine, I understand that the City of Tool is allowed to change my wages, benefits, terminate my employment and other conditions of my appointment at any time. I also understand that through this doctrine and I may terminate my job with The City of Tool at any time for any reason.
- All potential employees are subject to a drug screen and depending on the position a driving record check, criminal history review, reference check and any other background checks pertaining to the applicant. The City of Tool is an equal opportunity employer.

****Please Note: All applicants for Police Officer positions must be TCLEOSE Licensed, 21 years of age and must read and write English ****

Printed Name			
Signature		Date	

FOR OFFICE USE ONLY

Start Date: _____	F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/>	Starting Pay:\$ _____	Probation: _____ days
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Additional Terms / Conditions:

Voluntary Self- Identification

The City of Tool is committed to a policy of equal employment opportunity. The following information is requested for the Human Resources Office use only in order to assist us in complying with EEO reporting guidelines. Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. If you choose not to self-identify your race/ethnicity at this time, the federal government requires The City of Tool to determine this information by visual survey and/or other available information.

First Name: _____ Sex: Female _____ Male _____

Last Name: _____ Phone #: (____) _____

Address: _____ Date of Birth: _____

City / State / Zip: _____ Application Date: _____

✓	Race / Ethnicity	✓	Veteran Status	✓	How did you hear about this?
	American Indian or Alaska Native		Non-Veteran		City Website
	Asian		Veteran		Social Media
	Black or African American		Active Duty		Word of Mouth
	Hispanic or Latino		Reserve		Newspaper
	Native Hawaiian or Other Pacific Islander		Guard		Texas Municipal League
	White		Retired		Tx Workforce Commission
	I do not wish to disclose		Other: _____		Other: _____

Definitions for Racial and Ethnic Categories

- **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.