



If a license, certificate or other authorization is required/related to position for which you are applying, complete the following:

License/Certification (PE, R.N., Attorney, CPA, etc.)	Date Issued	Issued By (state or other authority)	License Number	Location of Issuing Authority (city & state)

**SPECIAL TRAINING:** List any special training program or courses you have attended which you feel may add to your qualifications. List course, date and institution (including military training).

COURSE TITLE	DATE	GRANTING INSTITUTION

**SPECIAL SKILLS/QUALIFICATIONS:** List special skills or qualifications (not listed above) you possess which you believe further qualify you for the position for which you are an applicant (include computer languages, types of computers and computer software, word-processing, typing speed, 10-key calculator, specialized equipment or machines, tools, vehicles, heavy equipment or memberships).

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**GENERAL INFORMATION**

**DRIVER'S LICENSE:** State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type of Driver's License:  
 Class A     Class B     Class C     Class M     Class A Commercial     Class B Commercial     Class C Commercial

CDL Endorsement(s):  
 Tank Vehicle     Double/Triple Trailer     Hazardous Materials     Passenger

*If the position requires a commercial driver's license, please complete additional information on the Commercial Driver's License Supplement.*

**DISMISSALS AND/OR FORCED RESIGNATIONS:** Have you ever been fired or forced to resign from any position?  
 (Check one)    Yes     No  If the answer is Yes to either or both of these questions, please explain below.

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Have you ever been convicted of a **MISDEMEANOR** or **FELONY** and/or placed on probation, fined or given a suspended sentence such as deferred adjudication in court? List all cases other than minor traffic violations. PLEASE NOTE: A full disclosure by you is to your advantage as your record does not constitute an automatic bar to employment. Factors such as, but not limited to, age at time of offense(s) and recency of offense(s) as well as the relationship between the offense(s) and the job(s) for which you apply will be taken into account. **HOWEVER, FAILURE TO ADMIT CONVICTIONS WILL RESULT IN DISQUALIFICATION OF YOUR APPLICATION FOR ONE YEAR.**

(Check one)  Yes  No If Yes, please provide the following:

Date: \_\_\_/\_\_\_/\_\_\_ Charge: \_\_\_\_\_ City/State: \_\_\_\_\_

Disposition: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Charge: \_\_\_\_\_ City/State: \_\_\_\_\_

Disposition: \_\_\_\_\_

(If you need additional space, please attach a sheet listing information in the same format. Include your printed name and signature.)

**Have you ever been employed in any capacity by the City of Big Spring? (Check One)**  Yes  No If yes, please indicate:

Title of Position: \_\_\_\_\_ Department: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

**Are you related to any person employed by the City of Big Spring? (Check One)**  Yes  No If yes, please indicate:

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

Department: \_\_\_\_\_ Position: \_\_\_\_\_

### EMPLOYMENT HISTORY

	Start Date	End Date
<b>Employer:</b> _____		
<b>Address/City/State:</b> _____		
<b>Phone:</b> ( ) _____ <b>Job Title:</b> _____	<b>Starting Salary</b>	<b>Final Salary</b>
<b>Supervisor:</b> _____ <b>Title:</b> _____		
<b>Reason for Leaving:</b> _____		
<b>Briefly Describe the Nature and Duties of Your Position</b>		

<b>Employer:</b> _____	<b>Start Date</b>	<b>End Date</b>
<b>Address/City/State:</b> _____		
<b>Phone:</b> ( ) _____ <b>Job Title:</b> _____	<b>Starting Salary</b>	<b>Final Salary</b>
<b>Supervisor:</b> _____ <b>Title:</b> _____		
<b>Reason for Leaving:</b> _____		
<b>Briefly Describe the Nature and Duties of Your Position</b>		

<b>Employer:</b> _____	<b>Start Date</b>	<b>End Date</b>
<b>Address/City/State:</b> _____		
<b>Phone:</b> ( ) _____ <b>Job Title:</b> _____	<b>Starting Salary</b>	<b>Final Salary</b>
<b>Supervisor:</b> _____ <b>Title:</b> _____		
<b>Reason for Leaving:</b> _____		
<b>Briefly Describe the Nature and Duties of Your Position</b>		

<b>Employer:</b> _____	<b>Start Date</b>	<b>End Date</b>
<b>Address/City/State:</b> _____		
<b>Phone:</b> ( ) _____ <b>Job Title:</b> _____	<b>Starting Salary</b>	<b>Final Salary</b>
<b>Supervisor:</b> _____ <b>Title:</b> _____		
<b>Reason for Leaving:</b> _____		
<b>Briefly Describe the Nature and Duties of Your Position</b>		

Explanation of any periods of unemployment between jobs:

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**PERSONAL REFERENCES**

You must list three people whom you have known for at least three years – do not include relatives or former employers.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address/City/State: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address/City/State: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address/City/State: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

**EMPLOYMENT HISTORY**

I, the undersigned, certify that I have *read* and *fully understand* this form in its entirety and that the information provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or discharge from the City of Big Spring service. In submitting this application, I authorize the City of Big Spring to verify all data needed to support this application and to obtain references from my present and past employers. I further understand that this application becomes the property of the City of Big Spring and will not be returned.

I also understand that I will have the right to terminate my employment with the City of Big Spring at any time without notice and for any reason. I understand that the City of Big Spring has the same right. If required for the position, I also understand that as a condition of employment I will be subject to one or more of the following: driving record check, criminal history investigation, medical examination and/or a pre-employment drug-alcohol screening test. An employment offer received from the City is contingent upon information received.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

**WE THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE CITY OF BIG SPRING.**

*AN EQUAL OPPORTUNITY EMPLOYER*



## **DISCLOSURE AND AUTHORIZATION FORM**

**This disclosure is being provided to you pursuant to the Federal Fair Credit Reporting Act (“FCRA”), 15 U.S.C. 1681 and Federal Trade Commission Regulations contained in 16 C.F.R. Part 601, Appendix C.**

**By this document, the City of Big Spring discloses to you that a consumer report, which may include your criminal history, driving record and other background information, may be obtained for employment purposes as part of the pre-employment background investigation to evaluate your eligibility for hire and at any time during your employment.**

**I voluntarily and fully authorize the City of Big Spring to obtain a consumer report, criminal history and driving record on me as part of the hiring process. Additional background information may be required upon a conditional offer of employment. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the City of Big Spring to obtain consumer reports at any time during my employment period.**

**Please sign below to signify that this information has been disclosed to you and that you provide authorization to the City of Big Spring.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**