

# Application For Employment



**Town of Hollywood Park**  
**2 Mecca Dr.**  
**Hollywood Park, Texas 78232**

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

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

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

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(TYPE OR PRINT CLEARLY WITH INK)

Position Applied For	Date of Application
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How did you learn about us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other (Specify):

Last name	First name	Middle name	
Street Address	City	State	Zip Code
Telephone Number(s)			Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No  N/A

Have you ever filed an application with us before?  Yes  No

If yes, give date: \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

If yes, give date: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your current employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?  Yes  No

*Proof of citizenship or Immigration status will be required upon employment.*

Date available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if the job requires it?  Yes  No

Have you ever been convicted by or pled guilty to Federal, State or other law enforcement authorities or pleaded nolo contendere, (resulting in deferred prosecution, deferred adjudication, or other pre-trial diversion) for violation of any Federal, State county or municipal law, regulation or ordinance? You must include any offense for which a fine of \$100 or more was imposed.  Yes  No

(Conviction or any "yes" will not necessarily disqualify an applicant from employment and employment decisions will be based on job-relatedness. However, any omission or untruthful responses will result in disqualification.)

If yes, explain on a separate sheet.

**THE TOWN OF HOLLYWOOD PARK IS AN EQUAL OPPORTUNITY EMPLOYER**

## EDUCATION

School	Name & Address Of School	Course of Study	Number of Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate School/ Professional				
Other (Specify)				

## WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
Address:				
Telephone Numbers:		<b>Hourly Rate/Salary</b>		
		<b>Start</b>	<b>End</b>	
Job Title:				
Supervisor:				
Reason for Leaving:				May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
Address:				
Telephone Numbers:		<b>Hourly Rate/Salary</b>		
		<b>Start</b>	<b>End</b>	
Job Title:				
Supervisor:				
Reason for Leaving:				May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
Address:				
Telephone Numbers:		<b>Hourly Rate/Salary</b>		
		<b>Start</b>	<b>End</b>	
Job Title:				
Supervisor:				
Reason for Leaving:				May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
Address:				
Telephone Numbers:		<b>Hourly Rate/Salary</b>		
		<b>Start</b>	<b>End</b>	
Job Title:				
Supervisor:				
Reason for Leaving:				May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation for any gaps in employment.


Describe any specialized training, apprenticeship, skills and extra-curricular activities.


Describe any job-related training received in the United States military.


List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*


**ADDITIONAL INFORMATION**

Other qualifications: *Summarize special job-related skills and qualifications acquired from employment or other experience.*


**SPECIALIZED SKILLS (Skills/Equipment/Software Operated)**

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	<u>Production/Mobile Equipment (List)</u>	<u>Other (List)</u>
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Incode Software		
<input type="checkbox"/> Typing WPM _____			
<input type="checkbox"/> Microsoft Office Products			

*State any additional information you feel may be helpful to us in considering your application.*


**Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job for which you are applying, either with or without a reasonable accommodation?

Yes       No

**PERSONAL/PROFESSIONAL REFERENCES** *(Do not include family members or past supervisors)*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

## APPLICANT'S STATEMENT

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with the Town of Hollywood Park is of an "at will" nature, which means the Employee may resign at any time and the Town may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Town.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Town.

I have reviewed the attached job description and find it to be a fair description of the demands of the job.

I certify that the answers given herein are true and complete.

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Signature of Applicant	Date



## AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the **Town of Hollywood Park** and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, or education records, including not limited to academic, achievement, attendance, personal history, disciplinary records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or attempt to comply with it.

This release excludes private health/medical information.

Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_