

GENERAL EMPLOYMENT INFORMATION

If the box next to the question is checked, the information requested is needed for a legally permissible reason, including without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age and citizenship. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

<input checked="" type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," with what employer(s)?
<input checked="" type="checkbox"/>	Are you over 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, employment is subject to verification of age.
<input checked="" type="checkbox"/>	Are you legally authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO (Proof of citizenship or immigration status will be required upon employment.)
<input checked="" type="checkbox"/>	Have you been convicted of a crime in the past ten years, excluding misdemeanors, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full . (Conviction of a crime is not an automatic bar to employment. The City will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position sought.)
<input checked="" type="checkbox"/>	The City of Mason requires a current State of Texas driver license and if required a CDL. DL # _____ CDL # _____
<input checked="" type="checkbox"/>	Please list if you have an occupational license that is current and it's expiration date.

REFERENCES		
NAME	ADDRESS	TELEPHONE

Company Name	Telephone ()
Address	Employed(month and year) From To
Name of Supervisor	Weekly pay Start Ending
State Job Title and briefly describe your work	Reason for Leaving

Company Name	Telephone ()
Address	Employed(month and year) From To
Name of Supervisor	Weekly pay Start Ending
State Job Title and briefly describe your work	Reason for Leaving

Company Name	Telephone ()
Address	Employed(month and year) From To
Name of Supervisor	Weekly pay Start Ending
State Job Title and briefly describe your work	Reason for Leaving

We may contact the employer listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer (s) _____ Reason _____

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "Yes," in what Branch?

ACKNOWLEDGMENT	
The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.	
I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.	
_____	_____
Date	Signature