

# CITY OF MASON

## Application for Employment



124 Moody Street  
P.O. Box 68  
Mason, TX 76856

325/347.6449  
325/347.5955 (Fax)

*[www.mason.tx.citygovt.org](http://www.mason.tx.citygovt.org)*

Thank you for your interest in employment with the City of Mason. Employing qualified people is important to our reputation, customer satisfaction, and our future. This application form for employment must be filled out completely. Please indicate if you feel an area does not apply to you or the job for which you are applying. If an application is not completely filled out, signed and dated, the application will be considered invalid and will not be used. Resumes will be accepted, but not as a substitute for the application. By signing this form and making an application, you are giving the City of Mason the authority to perform a credit history check. This application will be active for ninety (90) days after receipt. Again, thank you for your time and consideration.

**Equal Opportunity Employer**



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

Position You Are Applying For: \_\_\_\_\_

Hourly Wage/ Salary Expected: \_\_\_\_\_

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

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

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Social Security Number \_\_\_\_\_

If necessary, the best time to call you at home is.....

May we contact you at work.....

If yes, the best time to contact you at work is.....

And your work phone number is.....

Have you filed an application here before?.....

If yes, give date(s).....

Have you been employed here before?.....

If yes, give dates.....

Are you at least 18 years of age?.....

Are you legally eligible for employment in this country?..... ☐ Yes ☐ No

Have you ever been convicted of a criminal offense other than minor traffic violations?..... ☐ Yes ☐ No

If yes, indicate date(s) and type of offense(s):.....

Date available for work:.....

Type of employment desired: ☐ Full-Time ☐ Part-Time ☐ Temporary/Seasonal

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

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

Are you on a lay-off and subject to recall..... ☐ Yes ☐ No

Is there anything to prevent you from working the number of  
Hours per week required by the positions for which you are applying..... ☐ Yes ☐ No

Will you work overtime if required..... ☐ Yes ☐ No

Are you related to any current employee or elected official of the  
City of Mason..... ☐ Yes ☐ No

If yes, please indicate name and relationship.....

Driver's License Number:.....CDL.....

State Issued by:.....Expiration Date.....

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## EMPLOYMENT HISTORY

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List your last four (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section.

<i>Employer</i>	<i>Telephone</i>	<i>Summarize nature of work:</i>
<i>Address</i>		
<i>Job Title</i>		<i>Start Date</i>
<i>Immediate Supervisor and Title</i>		<i>End Date</i>
<i>Reason for Leaving</i>		<i>Starting hourly rate or salary</i>
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Ending hourly rate or salary</i>

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

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

## EMPLOYMENT HISTORY

<i>Employer</i>	<i>Telephone</i>	<i>Summarize nature of work:</i>
<i>Address</i>		
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May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Ending hourly rate or salary</i>

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<i>Immediate Supervisor and Title</i>		<i>End Date</i>
<i>Reason for Leaving</i>		<i>Starting hourly rate or salary</i>
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Ending hourly rate or salary</i>

**COMMENTS** (Including explanations of any gaps in employment):

**SKILLS & QUALIFICATIONS** (Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with the City of Mason- Use reverse side if necessary):

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

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

## EDUCATIONAL BACKGROUND

Circle the Highest Grade Level Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College

Did you graduate high school..... ☐ Yes ☐ NoAchieved GED..... ☐ Yes ☐ No

High School Name and Address

.....

.....

School	Number of Years Completed	Degree or Diploma	Major	Minor

List any foreign language(s) and check that best describes your skill level.

Language	Read & Write	Read & Speak	Read Only	Speak Only

List professional, trade, business or civic organizations, activities and offices held.  
*(Exclude groups which indicate race, color, religion, sex or national origin.)*

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

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

## REFERENCES

List the name and telephone number of three business/ work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone Number	Years Known

## PROFESSIONAL CERTIFICATES & LICENSES

List any professional certifications or licenses you hold:

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## ADDITIONAL INFORMATION

To give us a better understanding of your skills and abilities, please list any special accomplishments, publications, awards, experiences, or qualifications that have not been previously mentioned in this application.  
(Answers to this question are optional.)

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

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

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## CERTIFICATION AND AGREEMENT

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I certify that the information contained in the application is true and correct to the best of my knowledge and I understand that any false statement or omission on this application will be grounds for rejection of my application, or if employed, my dismissal. I further understand that The City of Mason is an at-will employer and that this application document is not a contract for employment.

I consent and authorize the City of Mason to conduct an investigation, including, but not limited to, verification of employment-related information. I authorize my former employers, schools and business references to provide any information they have regarding me and release them from any and all liability resulting from the release of such information to the City of Mason. I understand that the information provided in this application will be used solely for determining my eligibility for employment.

I understand that, in accordance with the City of Mason's Drug-Free Workplace Policy, all applicants being considered for employment must satisfactorily pass a urine test for the purpose of determining the presence of illegal drugs or alcohol abuse.

I understand that, if an offer of employment is made, I must provide documentation evidencing my eligibility for employment in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I also understand and agree that if employed by the City of Mason, I will be an employee-at-will. As such: (1) either the City of Mason or I may terminate the employment relationship at any time, with or without cause; and (2) there is no agreement expressed or implied between the City and me for any specific period of employment or for continuing or long-term employment. I understand that if hired, my at-will-employment with the City may be modified by a separate written document signed by the City Administrator and me.

I consent and authorize the City of Mason to solicit information about my background, including, but not limited to, information about my driving record, criminal record, and general public record history. I understand that I am entitled to be advised of the nature and scope of the investigation required within a reasonable time after I ask for this information in writing. I release the City of Mason, its respective employees and agents, and all person, agencies, and entities providing information or reports about me from any and all liabilities arising out of the release of such information and reports.

I agree that if terminated from employment, I will participate in mediation before seeking litigation for any civil claims under the law.

I further agree that, in the event civil litigation is pursued, I will waive my right to a jury trial.

If employment is obtained under this application, I will comply with all policies and regulations of the City of Mason. I agree to be responsible for city property and equipment issued to me by the City until returned by me and to pay for property and equipment not returned. I agree to submit to drug/alcohol tests (random or otherwise) and additional background checks (criminal, credit and motor vehicle), if required by the City.

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

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

**The City of Mason is an Equal Opportunity Employer**



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

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

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## **PRE-EMPLOYMENT PROHIBITED DRUG TEST ACKNOWLEDGEMENT FORM**

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As required by the City of Mason policy, certain federal and state regulations, all applicants for covered positions must submit to a prohibited drug test.

Agreement to the above cited policies and regulations authorizes the City to collect a urine or other specimen as cited in the City Policy for the purpose of administering a pre-employment prohibited drug test at a time and location determined by the City and to obtain the results from the testing laboratory.

In the event my specimen tests positive for the presence of a prohibited drug or substances, I will no longer be considered for employment with the City. Any further consideration for employment will be in accordance with the terms and conditions in the City Substance Abuse Policy.

The results of the test will be reported by the testing laboratory to the city of mason human resources department for record-keeping purposes. These results will not be released to any additional parties without the written permission of the applicant named below.

**I hereby agree to submit to a prohibited drug test.**

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

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

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