



City of Wylie Employment Application

2000 Hwy 78N, Wylie TX 75098

www.wylietexas.gov

Position desired _____ Today's Date _____

Please **neatly print or type** all information. Omissions and/or false information are cause for rejection or dismissal.

Name (Last, First, Middle) _____ Preferred Name, if different _____	
Email Address _____	
Address _____ Apt # _____ City, State, Zip _____	
Home Telephone _____ Alternate Phone _____	
Last four digits of SSN* _____ Do you have a valid Texas Driver's License? _____ Year Expires _____	
Driver's License Number _____ Class _____ CDL Yes <input type="checkbox"/> No <input type="checkbox"/> State _____	

Have you ever filled out an employment application with the City of Wylie in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position/Title _____ Approximate Date _____	
Did you receive an interview? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, with whom? _____	
Have you ever been employed by the City of Wylie? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position/Title _____ Approximate Date _____	
Do you have any friends or relatives currently working for the City of Wylie? <input type="checkbox"/> Friend(s) <input type="checkbox"/> Relative(s) No <input type="checkbox"/>	
Name(s) _____ Position/Title _____	

Diploma or GED and college transcript(s) may be required for verification of education prior to employment.

Circle the highest grade completed: Grade School High School College Graduate School

1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

Type of Education	School or Agency Name and Address	Major/Minor Field Area of Study	Diploma, Degree or # of Hours	Year Degree or Diploma Obtained
High School Diploma/GED		-----		
College				
Graduate School				
Vocational or Other				

Please list any skills (including software skills, equipment operated, technical knowledge) and licenses/certifications (including the license number) that you possess that may be required or useful in performing the essential functions of the job for which you are applying.

*Privacy Act of 1974 Disclosure. **Authority:** Human Resources Department, City of Wylie. **Routine Uses:** The SSN is used to identify and track the applications. **Purpose:** Track of Employment Applications. **Disclosure:** Voluntary

Employment History

List **all** jobs (including military service) beginning with your most recent employer. Do not omit any employment, whether pertinent to the position applying for or not. **Do not reference resume. Attach additional sheets if necessary.**

Employer _____	From _____	To _____
Address _____		
Telephone _____	Supervisor _____	
Position _____	Ending Salary _____	
Duties _____		

Full time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Reason for leaving _____		
If still employed, may we contact this employer? _____		

Employer _____	From _____	To _____
Address _____		
Telephone _____	Supervisor _____	
Position _____	Ending Salary _____	
Duties _____		

Full time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Reason for leaving _____		

Employer _____	From _____	To _____
Address _____		
Telephone _____	Supervisor _____	
Position _____	Ending Salary _____	
Duties _____		

Full time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Reason for leaving _____		

Employer _____	From _____	To _____
Address _____		
Telephone _____	Supervisor _____	
Position _____	Ending Salary _____	
Duties _____		

Full time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Reason for leaving _____		

Employer _____	From _____	To _____
Address _____		
Telephone _____	Supervisor _____	
Position _____	Ending Salary _____	
Duties _____		

Full time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Reason for leaving _____		

Have you served in the Armed Forces or National Guard of the United States? _____	Branch? _____
Dates of Service: _____ to _____	Rank at Discharge _____ Type of Discharge _____

Have you been convicted, received probation or deferred adjudication when charged with a felony? _____
 If "yes", date ____/____/____ City/State _____
 Charge _____ Disposition _____
 (Punishment/Sentence)

Business References

Please list **only** individuals with whom you have **worked** at any position and who can attest to your work history, habits and performance.

Name _____ Relationship _____
 Telephone Number(s) _____

Name _____ Relationship _____
 Telephone Number(s) _____

Name _____ Relationship _____
 Telephone Number(s) _____

I have reviewed the minimum qualifications for the position for which I am applying. I am aware that this application may be subject to public disclosure unless an exception under the Texas Public Information Act is applicable.

I understand and agree that my employment is "at-will" and tenure with the City of Wylie is for no definite period of time, and that wages, benefits and job conditions can be changed at any time. I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any applicant or existing employee.

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and are made by me in good faith. I understand that any misstatement or omission of material facts in this application (or any information I have submitted) may be cause for rejection of this application or for my dismissal. I authorize investigation of my work history, driving and credit records if necessary, educational history and contact with references and previous employers. I understand that any offer of employment is contingent upon the result of a reference and background check and a post-offer medical examination and drug screen.

I hereby release, indemnify and hold harmless any government entity, employer and person furnishing or receiving records and information about me.

Applicant Signature _____ Date _____

RETURN COMPLETED APPLICATIONS TO:
Human Resources Department
City of Wylie
2000 Hwy 78N
Wylie, Texas 75098



AUTHORIZATION FOR RELEASE OF PERSONAL DATA AND
AUTHORIZATION TO CONDUCT MEDICAL EXAMINATION
AND DRUG TESTS

I, the undersigned, hereby authorize and request any present or former employer, educational institution, organization, law enforcement agency, financial institution, consumer reporting agency, or other persons having personal knowledge concerning my work record, school record, driving record, military record, reputation, financial or credit status, or criminal history to furnish the City of Wylie and/or its representatives, with any and all information in their possession regarding these matters, in connection with an application for or retention of employment. Furthermore, I hereby release from liability and hold harmless all persons, organizations, agencies or institutions supplying this information to the City of Wylie and/or its representatives. I also hereby release from liability and hold harmless the City of Wylie, Texas, relative to any documentation released to it pursuant to this Authorization. A photocopy of this Authorization is as effective as the original.

I hereby authorize the City of Wylie and its agents to conduct any medical examination they deem necessary. I hereby authorize the release to the City of Wylie all results of any medical examinations performed by any doctors or clinics to which I have been referred. This information is authorized to be used by the City of Wylie for the sole purpose of employment-related matters.

I hereby authorize the City of Wylie and its agents to conduct any urine drug tests they deem necessary. I hereby authorize the release to the City of Wylie all results of any drug tests performed by any doctors, clinics, or laboratories to which I have been referred. This information is authorized to be used by the City of Wylie for the sole purpose of employment-related matters.

Applicant's Printed Name _____
Last First Middle

Applicant's Signature _____ Date _____

PARENT OR GUARDIAN SIGNATURE _____
(If applicant is under age 18)



EMPLOYMENT STATISTICS INFORMATION

NAME: _____ DATE: _____

POSITION(S) APPLYING FOR: _____
(Do not list "open" or "any". You must enter a position currently posted.)

It is the policy of the City of Wylie not to discriminate in its employment or personnel practices on the basis of race, color, sex, religion, generic information, national origin, age, or disability. This information is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will NOT be considered as part of the application for employment, sent to the hiring supervisor or affect the selection decision. Providing this information is voluntary.

Birth date: ____ / ____ / ____ City of Current Residence: _____

Check the Appropriate Response:

1. Gender Male Female
2. Ethnicity: White Black Hispanic American Indian or Alaskan Native
 Asian or Pacific Islander Other _____
3. Military Reserve or Veteran: Yes No

How did you learn about this position? (Check one.)

- City of Wylie Website
- TML Job Website
- Professional Organization Site Website Name: _____
- Recruiting Agency Agency Name: _____
- Friend Name: _____
- City of Wylie Employee Employee Name: _____
- Walk-in
- City of Wylie Job Hot Line
- Print Ad Name of Paper or Journal: _____
- Other (Please specify.) _____

Applicant Signature: _____