

**TERMS AND CONDITIONS**

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I HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT FALSE OR MISLEADING STATEMENTS, OR THE OMISSION OF ANY INFORMATION NECESSARY TO MAKE THIS APPLICATION COMPLETE, MAY RESULT IN THE REJECTION OF MY APPLICATION FOR EMPLOYMENT OR, IF HIRED, IN MY DISMISSAL.

I UNDERSTAND THAT NO EMPLOYMENT IS BEING OFFERED TO ME BY MY COMPLETION OF THIS APPLICATION. I ALSO UNDERSTAND THAT IF I AM HIRED, MY EMPLOYMENT WITH THE CITY OF GODLEY WILL BE "AT WILL". I UNDERSTAND THE TERM "AT WILL" MEANS THE CITY OF GODLEY IS ALLOWED TO CHANGE THE CONDITIONS OF EMPLOYMENT, UP TO AND INCLUDING TERMINATION, AT ANY TIME FOR ANY REASON, AND THAT SIMILARLY, I MAY RESIGN AT ANY TIME FOR ANY REASON.

I ALSO UNDERSTAND THAT NOTHING CONTAINED IN THIS APPLICATION/PERSONAL HISTORY STATEMENT OR IN GRANTING AN INTERVIEW CREATES A CONTRACT BETWEEN THE CITY OF GODLEY AND ME, EITHER FOR EMPLOYMENT OR FOR THE PROVIDING OF BENEFITS.

IF I AM HIRED, I AGREE TO ABIDE BY ALL POLICIES AND PROCEDURES OF THE CITY OF GODLEY.

IF I AM HIRED, I AGREE TO RETURN ALL PROPERTY OF THE CITY OF GODLEY, INCLUDING BUT NOT LIMITED TO UNIFORMS, TOOLS, AND EQUIPMENT.

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

\_\_\_\_\_  
Date

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review, full disclosure and release of any and all records concerning myself to any duly authorized agent of Godley Police Department whether the said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure and release of the records for criminal history checks, educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies including credit reports and/or ratings, and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys-at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed by directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my stability for employment by the City of Godley, TX, Johnson County. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

I further agree to waive my right whatsoever to the background investigation report or psychological report developed through this waiver.

A photocopy of this release form will be valid as an original thereof, even through the said copy does not contain an original writing of my signature.

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Signature

SWORN TO AND SUBSCRIBED BEFORE ME,

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Date of Birth

Notary Public, \_\_\_\_\_ County, Texas

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

**CITY OF GODLEY  
EMPLOYMENT APPLICATION**

*Equal Opportunity Employer*

**PLEASE PRINT – INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED**

A resume may be attached, but does not replace a completed application.

**Name**

(Last)

(First)

(Middle)

**Mailing Address**

(City)

(State)

(Zip)

**Telephone** ( )

(home)

**Telephone** ( )

(cell)

**e-mail:**

When would you be available to start to work? \_\_\_\_\_ Position Applying for: \_\_\_\_\_

**Have you ever been employed by the City of Godley** No  Yes  If Yes, position? \_\_\_\_\_

Dates of employment? From \_\_\_\_\_ To \_\_\_\_\_

**Are you or your spouse related to any elected official (City Council) or City employee?**  No  Yes

If Yes, please provide name & relationship: \_\_\_\_\_

**If applying for full-time employment, are you at least 18 years of age?** Yes  No

**Did you graduate from High School?** No  Yes  If yes, name of school: \_\_\_\_\_

**If No, do you have a G.E.D.?** No  Yes

College or University (Name/Location)	Number of Years	Major	Minor	Hours Completed: <i>Major Minor Other</i>	Graduation	
					Degree Earned	Date

Vocational or Trade School (Name/Location)	Number of Years	Area of Study	Certificate Received	Date Received

List professional or technical licenses, computer skills, registrations, certifications, memberships, interests or career goals you wish to provide:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List ALL employment (please include at least 15 years) beginning with current employer and work back.**

***May inquiry be made of your present employer?***  Yes  No

Current Employer:	Employment Dates: From: To:
Address:	Supervisor:
Phone #:	Ending Monthly Salary:
Title & Duties:	
Reason for Leaving or Wanting to Leave:	

Last Employer:	Employment Dates: From: To:
Address:	Supervisor:
Phone #:	Ending Monthly Salary:
Title & Duties:	
Indicate Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Lay-off <input type="checkbox"/> Other Explain:	

Previous Employer:	Employment Dates: From: To:
Address:	Supervisor:
Phone #:	Ending Monthly Salary:
Title & Duties:	
Indicate Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Lay-off <input type="checkbox"/> Other Explain:	

Previous Employer:	Employment Dates: From: To:
Address:	Supervisor:
Phone #:	Ending Monthly Salary:
Title & Duties:	
Indicate Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Lay-off <input type="checkbox"/> Other Explain:	

**SUMMARIZE ALL OTHER PREVIOUS EMPLOYMENT & EXPLAIN ANY LAPSES IN YOUR EMPLOYMENT HISTORY:**

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(May continue on separate sheet(s) of paper)

**Please check any skills or abilities which may qualify you for the position for which you are applying:**

Typing Speed / WPM: \_\_\_\_\_
  Calculator (by touch)
  PBX  
 Computer Skills:  Windows  MS Word  Excel  Other (Specify: \_\_\_\_\_ )  
 Backhoe  Grader  Dozer  Tractor  Mower  Other (Specify: \_\_\_\_\_ )  
 Other Machines/Equipment Operated: \_\_\_\_\_

Certifications, Licenses, or Professional Registrations: \_\_\_\_\_

**Optional Information:**

**Have you ever served in the armed forces or National Guard of the United States?**  No  Yes

If Yes, please complete the following:

**Branch:** \_\_\_\_\_ **Date Entered:** \_\_\_\_\_ **Date Discharged** \_\_\_\_\_

**Rank at time of discharge:** \_\_\_\_\_

**REFERENCES:** List three people (who are not related to you) who are qualified to describe your capabilities.

*Please provide current and correct information.*

NAME	FULL MAILING ADDRESS	PHONE NUMBER	OCCUPATION

***All job offers are contingent on the successful completion of drug/ alcohol testing prior to employment. Employees will be subject to random drug and alcohol testing throughout their employment.***

***Applicant Initials:*** \_\_\_\_\_

***I understand that consideration of my employment is contingent upon the result of a successful reference and background check. Falsification of this application may result in disqualification or termination from employment.***

***Applicant Initials:*** \_\_\_\_\_

Applications and other documents submitted become the property of the City of Godley and are not returned.

PERSONAL INQUIRY WAIVER AND AUTHORITY FOR  
RELEASE OF INFORMATION

**PLEASE READ CAREFULLY BEFORE SIGNING**  
(FAILURE TO SIGN MAY DISQUALIFY YOU FROM CONSIDERATION)

*I hereby request and authorize you to render any information regarding my employment, character, qualifications, habits, reputation, credit, medical history, military records, past record of performance or any other pertinent information to the City of Godley. Any information furnished is at my express request and for my benefit.*

*I hold said representative or agent furnishing aforesaid information harmless, and I do hereby release them from any and all liability for damage of whatsoever nature because of furnishing such information.*

*I further understand that this information will be "confidential" between the City of Godley and all other parties involved, to the extent allowed by law.*

*I certify that all the information provided by me in connection with my application is true and complete and I understand that any misstatement, falsification, or omission of information shall be grounds for disqualification or dismissal.*

*I understand that this information will be used for the purpose of evaluating my application for employment with the City of Godley. I understand that the City of Godley complies with the Open Records Laws of the State of Texas and information will be shared on a limited basis as it relates to this requirement. A photocopy of this authorization shall be as valid as the original.*

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*Signature of Applicant*

*Date*

**CITY OF GODLEY - HUMAN RESOURCES**  
**THIS FORM MUST BE FILLED OUT COMPLETELY**

**Have you applied to work for the City of Godley before?**       Yes       No

**If yes, list what you applied for and when:**

**Position Title:** \_\_\_\_\_ **Approximate Date:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_ **Approximate Date:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_ **Approximate Date:** \_\_\_\_\_

**Did you receive an interview when you applied?**       Yes       No

**FOR BACKGROUND PURPOSES**

**I hereby authorize the City of Godley to obtain and evaluate my driving record, criminal history record, military service record, and previous employment information.**

**I understand that I must have a valid driver's license (if listed on the job description as a requirement) and a satisfactory driving record as a condition of employment and continue to have a good record as a condition of continued employment with the City of Godley.**

Federal Law requires that all individuals supply documents establishing identity and employment eligibility. If hired, you must supply documents within three (3) days of your hire date that establish your identity and employment eligibility. Failure to submit such proof within the required time shall result in immediate employment termination.

**Have you ever been convicted, pled guilty, or no contest to a misdemeanor or felony or other crime in a military or civilian court? Do not list traffic violations (tickets) that are class C misdemeanors. For purposes of employment, "convictions" include sentenced to confinement, paid fine, time served, parole, probation, (including deferred adjudication) and court-ordered restitution.**

No  
 Yes Please explain: \_\_\_\_\_

**Have you been fired or asked to resign from a job in the last five years?**

No  
 Yes Please explain: \_\_\_\_\_

**Are there other names you have gone by in previous employment?**

No  
 Yes Please list: \_\_\_\_\_

**FULL NAME** (As recorded on Driver's License. No initials & Please Print)

**Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Drivers License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Type of License:**     **CDL Class A;**     **CDL Class B;**     **Class C**

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

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

## EQUAL EMPLOYMENT OPPORTUNITY (EEO) INFORMATION SURVEY

The City of Godley is committed to providing equal employment opportunities to all applicants without regard to race, color, age, sex, national origin, political affiliation, disability or religion. Although this information is optional, we would appreciate your supplying the information requested below.

*Please Note: This information will be used for statistical reporting purposes only. It will be separated from your application and will not be used in any way in evaluating your qualifications for employment nor will it become a part of your file if you are no hired.*

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How did you learn about this position? \_\_\_\_\_

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Sex:  Male  Female

Racial/Ethnic Classification: (Please designate one group only)

- White:** (Not of Hispanic Origin):  
Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black:** (Not of Hispanic Origin):  
Persons having origins in any of the Black racial groups.
- Hispanic:**  
Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander:**  
Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- American Indian or Alaskan Native:**  
Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition. One-quarter Indian is the usual requirement for inclusion on a tribal roll.
- Other, Please specify:** \_\_\_\_\_
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**Person with a Disability:**  Yes  No

A Person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment.

**Veteran with a Disability:**  Yes  No

A veteran entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

**Vietnam Era Veteran:**  Yes  No

A person who served on active duty for a period of more than 180 days, any part of which occurred during August 6, 1964 to May 7, 1975, and was discharged or released from that duty prior to December 31, 1991, with other than a dishonorable discharge.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_