

CITY OF COMANCHE

Employment Application

101 East Grand Avenue Comanche, TX 76442
Phone (325) 356-2616 • Fax (325) 356-2137

www.CityOfComancheTexas.net

The City of Comanche is an Equal Opportunity Employer of qualified individuals.

FAILURE TO FULLY COMPLETE THE INFORMATION REQUESTED ON THIS APPLICATION WILL ELIMINATE YOU FROM FURTHER CONSIDERATION.

For electronic submissions please fill out all shaded areas, save, and send as an attachment to jstewart@ci.comanche.tx.us

PERSONAL INFORMATION

Name (Last, First, Middle Initial)		Email Address		Driver license number, state and classification	
Present Address			Apt No.	City	
State	Zip Code	Phone Number	Are you legally authorized to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>			Do you live within a 30-minute response radius from Comanche? (Applies to positions requiring "on-call" status) YES <input type="checkbox"/> NO <input type="checkbox"/>		
In case of an emergency, notify		Address		Phone Number	

DESIRED EMPLOYMENT

Position Applying for		Date you can start	
Are you seeking Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Summer <input type="checkbox"/> Seasonal <input type="checkbox"/>	Are you, or have you been, employed by the City of Comanche? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when? _____	

Please list any relatives employed with the City of Comanche.

Please list any relatives who currently or previously served on the Comanche City Council.

EDUCATION

School Level	Name and Location of School	Major/Minor	Degree Received
High School			<input type="checkbox"/> HS Diploma <input type="checkbox"/> GED
College			
Trade School			
Military School			

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LEGAL BACKGROUND RECORD

Have you ever been convicted of a felony crime? YES NO

What was your charge? _____

Has your driver's license ever been revoked? YES NO

If YES, when and why? _____

GENERAL OFFICE SKILLS Windows Microsoft Word Microsoft Excel 10-Key Other

SPECIAL CERTIFICATIONS

SPECIAL SKILLS

SPECIAL INTEREST/PROFESSIONAL GROUPS

REFERENCES

Please list three personal references (not former employers or relatives).

Name	Address	Phone	Years Acquainted

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Name of Present or Last Employer:			
Address		City, State and Zip Code	
Job Title		Supervisor's Name	May we contact him/her? YES <input type="checkbox"/> NO <input type="checkbox"/>
Supervisor's Job Title		Supervisor's Phone	
Starting Date		Leaving Date	
Starting Salary/Wage		Final Salary/Wage	
Description of Work			
Reason for Leaving			

Name of Present or Last Employer:			
Address		City, State and Zip Code	
Job Title		Supervisor's Name	May we contact him/her? YES <input type="checkbox"/> NO <input type="checkbox"/>
Supervisor's Job Title		Supervisor's Phone	
Starting Date		Leaving Date	
Starting Salary/Wage		Final Salary/Wage	
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Name of Present or Last Employer:			
Address		City, State and Zip Code	
Job Title		Supervisor's Name	May we contact him/her? YES <input type="checkbox"/> NO <input type="checkbox"/>
Supervisor's Job Title		Supervisor's Phone	
Starting Date		Leaving Date	
Starting Salary/Wage		Final Salary/Wage	
Description of Work			
Reason for Leaving			

CITY OF COMANCHE

How did you hear about the position? TWC

City Website

Facebook

Other (describe) _____

I CERTIFY THAT ALL INFORMATION PRESENTED ON THIS APPLICATION IS TO BE TRUE AND VALID TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS INFORMATION WILL BE INVESTIGATED AND IN DOING SO I, THE APPLICANT, RELEASE THE EMPLOYER BEING THE CITY OF COMANCHE FROM ANY AND ALL LIABILITY. I UNDERSTAND THAT ANY MISREPRESENTATION ON MY PART IN COMPLETING THIS APPLICATION WILL BE JUST CAUSE FOR REJECTION AT ANY TIME BEFORE AND/OR AFTER MY POSSIBLE EMPLOYMENT WITH THE CITY OF COMANCHE.

I UNDERSTAND THAT THIS APPLICATION IS NOT AN EMPLOYMENT AGREEMENT, AND THAT NO EMPLOYMENT IS BEING OFFERED TO ME IN THIS APPLICATION. HOWEVER, IF I AM EMPLOYED WITH THE CITY OF COMANCHE, I UNDERSTAND THAT MY RELATIONSHIP WITH THE CITY OF COMANCHE WILL BE GOVERNED BY THE AT-WILL DOCTRINE. THROUGH THAT DOCTRINE, I UNDERSTAND THAT THE CITY OF COMANCHE IS ALLOWED TO CHANGE MY WAGES, BENEFITS, TERMINATE MY EMPLOYMENT AND OTHER CONDITIONS OF MY EMPLOYMENT AT ANY TIME. I ALSO UNDERSTAND THAT THROUGH THIS DOCTRINE, I MAY TERMINATE MY JOB WITH THE CITY OF COMANCHE AT ANY TIME FOR ANY REASON.

All potential employees are subject to a drug screen and depending on the position, driving record check, criminal history review, reference check, and any other background check on the applicant. The City of Comanche *is an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status or any other characteristic protected by law.*

Applicant Name: _____

Signature (see below for email submissions): _____ Date: _____

If submitting by email, please enter your email address as an electronic signature. This form of signing only applies to electronic/email submissions.

Electronic Signature (email address): _____