Employment Application

CITY OF COMANCHE

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 cityhall@comanchetexas.gov

PERSONAL INFORMATION

Name (Last, First, Middle Initial)			Email Address		I .	Driver license number, state, and classification (attach copy)	
DOB//							
Present Address			Apt No.	City			
State Zip Code	e Zip Code Phone Number		Are you legally authorized to work in the United States? YES NO				
Are you at least 18 years	s of age?					esponse radius fr	
YES NO			Comanche status) YES		to positions	requiring "on-o	all"
In case of an emergency	, notify	Address				Phone Number	
DESIRED EMPLOYMENT							
Position Applying for				Date you can start			
Are you seeking			Are you, or have you been, employed by the City of Comanche?				
Full Time □ Part Time □ Summer □ Seas			onal O YES O NO O If yes, when?				
Please list any relatives e	mployed w	ith the City of	Comanche.				
Please list any relatives v	vho current	ly or previousl	ly served on t	he Comanch	e City Council.		
EDUCATION							
School Level	Name	e and Location	of School		Major/Min	or Degree Re	ceived
High School						☐ HS Diplo	oma 🗆 GED
College							
Trade School							
Military School							

CITY OF COMANCHE

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Has your driver's license ever	been revoked?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 🗆 1	NO 🗆		
If YES, when, and why?		<u> </u>		
GENERAL OFFICE SKILLS	Windows ☐ Micros	noft Minut	Frank 10 V	
GENERAL OFFICE SKIELS	Windows 🖂 Micros	soft word 🔲 Micros	soft Excel 10-Ke	y 🔲 Other 🗌
COCCIAL CENTIFICATIONS				
SPECIAL CERTIFICATIONS			_	
SPECIAL SKILLS				
SPECIAL INTEREST/PROFESSION	NAL GROUPS			
				<u> </u>
REFERENCES				
Please list three personal refere	nces (not former employers	s or relatives).	Ţ	
Name	Address		Phone	Years Acquainted
		·		

CITY OF COMANCHE

Name of Present or Last Empl	oyer:				
Address	City, State and Zip Code				
Job Title	Supervisor's Name	May we contact him/her? YES □ NO □			
Supervisor's Job Title	Supervisor's Phone	57			
Starting Date	Leaving Date	Leaving Date			
Starting Salary/Wage	Final Salary/Wage	Final Salary/Wage			
Description of Work					
Reason for Leaving					
Name of Present or Last Empl	over.				
Address	City, State and Zip Code	City, State and Zip Code			
Job Title	Supervisor's Name	May we contact him/her? YES □ NO □			
Supervisor's Job Title	Supervisor's Phone				
Starting Date	Leaving Date	Leaving Date			
Starting Salary/Wage	Final Salary/Wage	Final Salary/Wage			
Description of Work					
Reason for Leaving					
Name of Present or Last Empl	over:				
Address	City, State and Zip Code				
Job Title	Supervisor's Name	May we contact him/her? YES □ NO □			
Supervisor's Job Title	Supervisor's Phone	Supervisor's Phone			
Starting Date	Leaving Date	Leaving Date			
Starting Salary/Wage	Final 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 KNOWLEDGE. I UNDERSTAND THAT THIS INFORMARELEASE THE EMPLOYER BEING THE CITY OF COMMISREPRESENTATION ON MY PART IN COMPLETING BEFORE AND/OR AFTER MY POSSIBLE EMPLOYMENT	ATION WILL BE INVESTIGATION WILL BE INVESTIGATION OF THIS APPLICATION WILL BE	ATED AND IN DOING SO I, THE AP ALL LIABILITY. I UNDERSTAND T BEJUST CAUSE FOR REJECTION AT A	PLICANT, HAT ANY
I UNDERSTAND THAT THIS APPLICATION IS NOT AN OFFERED TO ME IN THIS APPLICATION. HOWEVER, THAT MY RELATIONSHIP WITH THE CITY OF COMPATANT DOCTRINE, I UNDERSTAND THAT THE CITY TERMINATE MY EMPLOYMENT AND OTHER CONDIT THROUGH THIS DOCTRINE, I MAY TERMINATE MY JOSEPH STREET, I MAY	IF I AM EMPLOYED WITH ANCHE WILL BE GOVERN OF COMANCHE IS ALLO TIONS OF MY EMPLOYMEN	I THE CITY OF COMANCHE, I UNDI ED BY THE AT-WILL DOCTRINE. T WED TO CHANGE MY WAGES, B IT AT ANY TIME. I ALSO UNDERSTA	ERSTAND HROUGH BENEFITS, IND THAT
All potential employees are subject to a drug screen review, reference check, and any other backgro opportunity employer, and all qualified applicants we religion, sex, national origin, disability status, protect	ound check on the appli ill receive consideration for	cant. The City of Comanche is a remployment without regard to ra	an equa ice, color,
Applicant Name:			
Signature (see below for email submissions):		Date:	
If submitting by email, please enter your email addressectronic/email submissions.	ess as an electronic signa	cure. This form of signing only appl	ies to
Electronic Signature (email address):			