CITY OF COMANCHE_____

101 East Grand Avenue, Comanche, Texas 76442 ● 325-356-2616 ● Fax 325-356-2137 ● cityofcomanchetexas.net

Employment Application

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 _____ M/I: _____ DOB ____/____/_____	Email Address	Driver license number, state issued and classification
Present Address	Apt No.	City
State	Zip Code	Phone Number	Are you legally authorized to work in the United States? YES ☐ NO ☐
Are you at least 18 years of age? YES ☐ NO ☐	Do you live within a 30-minute response radius from Comanche? (Applies to positions requiring "on-call" status) YES ☐ NO ☐
In case of an emergency, notify	Address	Phone Number

DESIRED EMPLOYMENT

Position Applying for		Date you can start
Are you seeking Full Time ☐ Part Time ☐	Summer ☐ Seasonal ☐	Are you, or have you been, employed by the City of Comanche? YES ☐ NO ☐ 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			☐ HS Diploma ☐ GED
College			
Trade School			
Military School			

10-31-2023

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Has your driver's license ever been revoked?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

Name of Present or Last Employer:		
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	
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** ☐ **NO** ☐
Supervisor's Job Title	Supervisor's Phone	
Starting Date	Leaving Date	
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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	
Starting Date	Leaving Date	
Starting Salary/Wage	Final Salary/Wage	
Description of Work		
Reason for Leaving		

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): _____