Employment Application

City of Paris
P.O. Box 9037
Paris, TX 75461
903-785-7511 voice | 903-785-8519 fax

Equal Opportunity Employer

The City of Paris does not disciminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Reset Form

Please use ink or print from fillable PDF

Date _____ Date you can begin work _____

Position(s) applying for _____ Salary expected _____

Name _____ _____ _____
First Middle Last

Address _____ City _____ St _____ Zip _____

Email _____ Phone _____

Drivers License no. _____ State _____ Type _____

List computer software skills _____

List any outdoor machinery you operate skillfully if applicable

_____

List any languages you speak fluently _____

Do you or your spouse have any relative working for or holding office for the city? Yes ◯ No ◯

If yes, name of relative and relationship _____

Have you ever worked for the city before? Yes ◯ No ◯ When? _____

How did you learn about the position for which you are applying? _____

Have you ever plead nolo contendere or been convicted of a crime, or received deferred adjudication, or been placed on pre-trial diversion for a crime in a civilian or military court? Yes ◯ No ◯

Are you legally authorized to accept employment in this country? Yes ◯ No ◯

Will you work overtime whenever scheduled or requested? Yes ◯ No ◯

Can you work different shifts? Yes ◯ No ◯

Have you ever been discharged from a job or asked to resign? Yes ◯ No ◯

Are you willing to complete a physical examination & drug screen, at the City's expense, if you are selected for a position? Yes ◯ No ◯

School	Institution name, city, and state	Graduate	Areas of Study
High School		Yes ○ No ○	
College		Yes ○ No ○	
Graduate School or other		Yes ○ No ○	

Provide a complete employment record starting with your present or most recent employer. Insert additional sheets if necessary. For any periods of unemployment or self-employment, include dates and locations.

Company Name	Street Address City, State	Dates	Time Worked	Pay Rate	Supervisor, Title, Phone	May we contact?
1.		from to	years months			Yes ○ No ○
Reason for leaving		Briefly explain your duties				

Company Name	Street Address City, State	Dates	Time Worked	Pay Rate	Supervisor, Title, Phone	May we contact?
2.		from to	years months			Yes ○ No ○
Reason for leaving		Briefly explain your duties				

Company Name	Street Address City, State	Dates	Time Worked	Pay Rate	Supervisor, Title, Phone	May we contact?
3.		from to	years months			Yes ○ No ○
Reason for leaving		Briefly explain your duties				

Company Name	Street Address City, State	Dates	Time Worked	Pay Rate	Supervisor, Title, Phone	May we contact?
4.		from to	years months			Yes ○ No ○
Reason for leaving		Briefly explain your duties				

Company Name	Street Address City, State	Dates	Time Worked	Pay Rate	Supervisor, Title, Phone	May we contact?
5.		from to	years months			Yes ◯ No ◯
Reason for leaving		Briefly explain your duties				

The answers to the foregoing questions are true and correct to the best of my knowledge. I hereby authorize the City of Paris to contact the individual past employers I authorize above and consent to all such past employers releasing any and all information concerning my employment with them, including but not limited to my job performance and personal habits and demeanor. I hereby give permission for the City of Paris to release any information in my personnel file to prospective employers. A false or misleading response or incomplete employment history on this application may result in disqualification from city employment or termination. I understand and agree that before a job offer is made, the City may conduct a criminal background check and credit history check if needed. I hereby agree that by signing or typing my name below, I agree to the above statements.

_____

Signature of applicant Date

Comments and/or additional information