

CITY OF SHERMAN
APPLICATION FOR EMPLOYMENT

405 N. Rusk Street, Sherman, Texas, 75091

The City of Sherman is an Equal Opportunity Employer. All applicants are considered on the basis of skills, experience and qualifications without regard to race, age, creed, color, national origin, sex, marital status or the presence of non-job-related medical disability or any other legally protected status.

Section 1- Personal Data:

Position applying for: _____

Name: _____ Date: _____
Last First Middle

Address: _____
Street/P.O. Box City State Zip Code

Telephone: Home: _____ Message: _____

Age (State only if less than 18 years of age): _____ Social Security Number: _____

Section 2- Position Information:

How were you referred to the City of Sherman? _____

Have you ever been convicted of a felony: Yes No If yes please explain: _____

Note: Conviction of a felony may not automatically disqualify an applicant from consideration for employment.

Do you have any relatives who are currently employed by the City of Sherman: Yes No

Name: _____ Department: _____

Section 3- Driver information:

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has your license, permit or privilege to operate a motor vehicle ever been suspended? Yes No

DRIVERS LICENSE INFORMATION	STATE	LICENSE NUMBER	TYPE/CLASS	EXPIRATION DATE

Section 4- Education/Training

TYPE	NAME OF SCHOOL	LOCATION (City/State)	MAJOR	HIGHEST GRADE COMPLETED	DID YOU GRADUATE	DIPLOMA, DEGREE OR CERTIFICATE EARNED
HIGH SCHOOL						
COLLEGE						
TECHNICAL SCHOOL						

Please list any other skills, experience, certifications and licenses applicable to the position you are interested in:

Section 5- Employment History:

Start with your present or most recent employer. Be sure to include any gaps in your employment history. (Attach additional sheets as needed).

Employer:	Address (city,state,zip)	Telephone Number:
<hr/>		
Supervisor's Name and Position:	Dates of Employment:	
	From:	To:
<hr/>		
Type of Business:	Position Held:	Ending Salary:
<hr/>		
Reason for Leaving:	May we contact now?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<hr/>		
Duties and Responsibilities:		

Employer:	Address (city,state,zip)	Telephone Number:
<hr/>		
Supervisor's Name and Position:	Dates of Employment:	
	From:	To:
<hr/>		
Type of Business:	Position Held:	Ending Salary:
<hr/>		
Reason for Leaving:	May we contact now?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<hr/>		
Duties and Responsibilities:		

Employer:	Address (city,state,zip)	Telephone Number:
<hr/>		
Supervisor's Name and Position:	Dates of Employment:	
	From:	To:
<hr/>		
Type of Business:	Position Held:	Ending Salary:
<hr/>		
Reason for Leaving:	May we contact now?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<hr/>		
Duties and Responsibilities:		

Employer:	Address (city,state,zip)	Telephone Number:
<hr/>		
Supervisor's Name and Position:	Dates of Employment:	
	From:	To:
<hr/>		
Type of Business:	Position Held:	Ending Salary:
<hr/>		
Reason for Leaving:	May we contact now?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<hr/>		
Duties and Responsibilities:		

Section 6 – Employment References:

List references that we may contact to verify your qualifications (list only references that can verify work related qualification).

NAME	ADDRESS	TELEPHONE NUMBER

I certify that the information provided by me in this application (and accompanying forms) is correct and complete to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance. I understand that falsifying or omitting information on this form (and any additional accompanying forms) may cause me to be disqualified from further consideration for employment or terminated if I am already employed with the City of Sherman.

I understand that in accordance with the Federal Immigration and Reform Act of 1996, if I am selected for employment with the City of Sherman I will be required to provide documentation that verifies my legal right to work in the United States.

I understand that this application is not a guarantee of employment, and that the application will be maintained for 90 days: if I want to be considered for another position after this period expires, I will be required to complete a new application.

I further understand that no managerial person or other person representing the City of Sherman may enter into any agreement with me for employment for any specified period of time, whether prior to or after commencement of employment.

Applicant Signature

Date

**** Do Not Write Below This Line****

For HR Department Use Only:

Date Application Received: _____ Meets Minimum Qualifications: _____
Application Reviewed: _____ Forwarded to Hiring Dept: _____
Interviewed By: _____ Date: _____
Conditional Employment Offer: _____
Confirmation Letter: _____
Medical/Drug Screen: _____ Driving Record Report: _____
Hire Date: _____ Position Title: _____
Salary/Grade/Step: _____