

City of Murphy
 Employment Application
 206 N. Murphy Rd, Murphy TX 75094
www.murphytx.org

Position desired _____

Today's Date ____ / ____ / ____

Please **Print or Type** all information. Omissions and/or false information are cause for rejection or dismissal.

Name _____ <small><i>Last Name, First Name, MI, Maiden Name</i></small>	Email Address _____
Address _____ City, State, Zip _____	
Home Telephone (____) ____ - ____	Alternate Phone (____) ____ - ____
Last four digits of SSN* _____	Valid Texas Drivers License? DL# _____ Expiration Year _____
Have you held a driver's license in another state in the past 5 years?	
Driver's License Number _____	Class _____ CDL State _____

Have you ever filled out an employment application with the City of Murphy in the past?	
Position _____	Approximate Date ____ / ____
Did you receive an interview? If yes, with whom? _____	
Have you ever been employed by the City of Murphy?	
Position/Title _____	Approximate Date ____ / ____
Do you have any friends or relatives currently working for the City of Murphy?	
Name _____	Position _____
Name _____	Position _____

Diploma or GED and college transcript(s) may be required for verification of education prior to employment.

Choose the highest grade completed:

Grade School	High School	College	Graduate School
1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

Type of Education	School or Agency Name and Address	Major/Minor Field Area of Study	Diploma, Degree or # of Hours	Year Degree or Diploma Obtained
High School Diploma/GED		-----		Not applicable
College				
Graduate School				
Vocational or Other				

*Privacy Act of 1974 Disclosure. **Authority:** Human Resources Department, City of Murphy. **Routine Uses:** The SSN is used to identify and track the applications. **Purpose:** Track of Employment Applications. **Disclosure:** Voluntary

Please list any skills (including software skills, equipment operated, technical knowledge) and licenses/certifications (including the license number) that you possess that may be required or useful in performing the essential functions of the job for which you are applying.

Employment History

List all jobs (including military service) beginning with your most recent employer. Do not omit any employment, whether pertinent to the position applying for or not. Do not reference resume. **Attach additional sheets if necessary.**

Employer _____ From ___ / ___ / ___ To ___ / ___ / ___
 Address _____
 Telephone (____) ____ - ____ Supervisor _____ Position _____
 Ending Pay \$ _____ per _____ Duties _____

Full time Part Time Reason for leaving _____
 If still employed, may we contact this employer? _____

Employer _____ From ___ / ___ / ___ To ___ / ___ / ___
 Address _____
 Telephone (____) ____ - ____ Supervisor _____ Position _____
 Ending Pay \$ _____ per _____ Duties _____

Full time Part Time Reason for leaving _____

Employer _____ From ___ / ___ / ___ To ___ / ___ / ___
 Address _____
 Telephone (____) ____ - ____ Supervisor _____ Position _____
 Ending Pay \$ _____ per _____ Duties _____

Full time Part Time Reason for leaving _____

Employer _____ From ____ / ____ / ____ To ____ / ____ / ____
Address _____
Telephone (____) ____ - ____ Supervisor _____ Position _____
Ending Pay \$ _____ per Duties _____

Full time Part Time Reason for leaving _____

Employer _____ From ____ / ____ / ____ To ____ / ____ / ____
Address _____
Telephone (____) ____ - ____ Supervisor _____ Position _____
Ending Pay \$ _____ per Duties _____

Full time Part Time Reason for leaving _____

Employer _____ From ____ / ____ / ____ To ____ / ____ / ____
Address _____
Telephone (____) ____ - ____ Supervisor _____ Position _____
Ending Pay \$ _____ per Duties _____

Full time Part Time Reason for leaving _____

Employer _____ From ____ / ____ / ____ To ____ / ____ / ____
Address _____
Telephone (____) ____ - ____ Supervisor _____ Position _____
Ending Pay \$ _____ per Duties _____

Full time Part Time Reason for leaving _____

Employer _____ From ____ / ____ / ____ To ____ / ____ / ____
Address _____
Telephone (____) ____ - ____ Supervisor _____ Position _____
Ending Pay \$ _____ per Duties _____

Full time Part Time Reason for leaving _____

Employer _____ From ____ / ____ / ____ To ____ / ____ / ____
Address _____
Telephone (____) ____ - ____ Supervisor _____ Position _____
Ending Pay \$ _____ per Duties _____

Full time Part Time Reason for leaving _____

Have you served in the Armed Forces or National Guard of the United States?
Branch? _____ Dates of Service: ____ / ____ / ____ to ____ / ____ / ____
Rank at Discharge _____ Type of Discharge _____

Have you been convicted, received probation or deferred adjudication when charged with a felony?

If yes, date ____ / ____ / ____ City/State _____

Charge _____ Disposition _____
(Punishment/Sentence)

References

Please list only individuals with whom you have worked at any position and who can attest to your work history, habits and performance.

Name _____ Relationship _____
Telephone Number(s) (____) ____ - ____ (____) ____ - ____ (____) ____ - ____

Name _____ Relationship _____
Telephone Number(s) (____) ____ - ____ (____) ____ - ____ (____) ____ - ____

Name _____ Relationship _____
Telephone Number(s) (____) ____ - ____ (____) ____ - ____ (____) ____ - ____

I have reviewed the minimum qualifications for the position for which I am applying. I am aware that this application may be subject to public disclosure unless an exception under the Texas Public Information Act is applicable.

I understand and agree that my employment is "at-will" and tenure with the City of Murphy is for no definite period of time, and that wages, benefits and job conditions can be changed at any time. I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any applicant or existing employee.

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and are made by me in good faith. I understand that any misstatement or omission of material facts in this application (or any information I have submitted) may be cause for rejection of this application or for my dismissal. I authorize investigation of my work history, driving and credit records if necessary, educational history and contact with references and previous employers. I understand that any offer of employment is contingent upon the result of a reference and background check and a post-offer medical examination and drug screen.

I hereby release, indemnify and hold harmless any government entity, employer and person furnishing or receiving records and information about me.

Applicant Signature _____ Date ____ / ____ / ____

TYPE FULL NAME TO SIGN ELECTRONICALLY

RETURN COMPLETED APPLICATIONS TO:

**Human Resources Department
City of Murphy
206 N. Murphy Rd.
Murphy, Texas 75094**

**AUTHORIZATION FOR RELEASE OF PERSONAL DATA AND
AUTHORIZATION TO CONDUCT MEDICAL EXAMINATION
AND DRUG TESTS**

I, the undersigned, hereby authorize and request any present or former employer, educational institution, organization, law enforcement agency, financial institution, consumer reporting agency, or other persons having personal knowledge concerning my work record, school record, driving record, military record, reputation, financial or credit status, or criminal history to furnish the City of Murphy and/or its representatives, with any and all information in their possession regarding these matters, in connection with an application for or retention of employment. Furthermore, I hereby release from liability and hold harmless all persons, organizations, agencies or institutions supplying this information to the City of Murphy and/or its representatives. I also hereby release from liability and hold harmless the City of Murphy, Texas, relative to any documentation released to it pursuant to this Authorization. A photocopy of this Authorization is as effective as the original.

I hereby authorize the City of Murphy and its agents to conduct any medical examination they deem necessary. I hereby authorize the release to the City of Murphy all results of any medical examinations performed by any doctors or clinics to which I have been referred. This information is authorized to be used by the City of Murphy for the sole purpose of employment-related matters.

I hereby authorize the City of Murphy and its agents to conduct any urine drug tests they deem necessary. I hereby authorize the release to the City of Murphy all results of any drug tests performed by any doctors, clinics, or laboratories to which I have been referred. This information is authorized to be used by the City of Murphy for the sole purpose of employment-related matters.

Applicant's Printed Name _____
LAST NAME, FIRST NAME, MIDDLE NAME

Applicant's Signature _____ Date ____ / ____ / ____
TYPE FULL NAME TO SIGN ELECTRONICALLY

Parent or Guardian Signature _____ Date ____ / ____ / ____
TYPE FULL NAME TO SIGN ELECTRONICALLY
(If applicant is under age 18)

An Equal Opportunity Employer