



# CITY OF FRITCH

P.O. BOX 758, FRITCH, TEXAS 79036 806/857-3143

# Application

## For Employment

The instructions must be followed exactly. Fill out application completely. If questions are not applicable, enter "NA." **Do not leave questions blank.** Be sure to sign when completed. The City of Fritch is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. This application becomes public record and is subject to disclosure.

*(Please Print And Use Black Or Blue Ink)*

DATE: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street or Box No.) (City) (State) (Zip) (Home)

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge?  Yes  No  
If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). *A conviction may not disqualify you, but a false statement will.*

List position you are applying for: \_\_\_\_\_ Date available for work: \_\_\_\_\_

Are you currently employed?  Yes  No If so, may we contact your current employer?  Yes  No

Current Supervisor's Name: \_\_\_\_\_ Supervisor's Phone No. \_\_\_\_\_

Are you willing to work hours other than 8-5?  Yes  No Are you willing to travel?  Yes  No

Please check:  Full Time  Part-Time  Summer  Temporary

Referred By: \_\_\_\_\_ Have you ever been employed with the City of Fritch before?  Yes  No

Do you have any relatives employed at The City of Fritch? If so, list names and relationships: \_\_\_\_\_

# EDUCATION

NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, or certifications.

Indicate Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from high school or receive GED?  Yes  No

Type of School	Name and Location of School	Dates Attended	Type of Diploma or Degree Received
Undergraduate College University			
Graduate Schools			
Technical Vocational Business Schools			

Please indicate any special certifications or license you hold:

License/Certification Type	Date Issued	Date Expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

Special Training/Skills/Qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Activities: (Civic, Athletic, Etc.) \_\_\_\_\_

\_\_\_\_\_

Are you a veteran?  Yes  No If yes, list type of discharge status \_\_\_\_\_

Dates of Service: \_\_\_\_\_ Presently a member of National Guard?  Yes  No

# PREVIOUS EMPLOYMENT

List Below Your Last Three Employers, Starting With the LAST One First:

DATE Month & Year	Name and Address of Employer	Ending Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				

## REFERENCES:

Give the Names of Three Persons Not Related To You, Whom You Have Known At Least One Year

NAME	CONTACT NUMBER	BUSINESS	No. of Yrs. Known

IN CASE OF EMERGENCY, PLEASE NOTIFY: \_\_\_\_\_  
Name
Address
Contact No.

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

- I certify that all of the information provided by me in connection with my application, whether on this document or not is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
- I understand, as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
- I understand that some agencies will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
- I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

**THIS APPLICATION MUST BE SIGNED** Sign Here: \_\_\_\_\_  
Signature – Applicant
Date

**Fritch Police Department**  
**104 N. Robey**  
**Fritch, Texas 79036**  
**(806)857-3490**  
**(806)857-4095 fax**

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**Authority to Release Information**

NAME: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PLACE OF BIRTH: CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize a review of and disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Fritch Police Department, whether the said records are of public, private, or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions. Including records of deposits, withdrawals and balances of checking and saving accounts, loans, and also records of commercial or retail credit agencies including credit reports/or ratings; public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trail and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have or have had interest.

I reiterate and emphasize that the point of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Fritch Police Department, to consider in determining my suitability for employment by this department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein. I understand that any information obtained by a personal background investigation, developed directly or indirectly, whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Fritch Police Department. I understand that all materials pertaining to this background investigation become property of the Fritch Police Department, and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

**MUST BE SINED IN PRESENCE OF NOTARY:**

Signature \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

Notary \_\_\_\_\_

My commission expires \_\_\_\_\_ 20 \_\_\_\_

Notary \_\_\_\_\_

Seal