



EMPLOYMENT APPLICATION

APPLICANT INFORMATION					
Last Name		First	M.I.	Date	
Street Address			Apartment/Unit #		
City		State	ZIP		
Phone		E-mail Address			
Date Available	Social Security No.		Desired Salary		
Position Applied for			Driver's License No. and State		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a crime of moral turpitude or a Class B Misdemeanor or above?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list two professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
I authorize the City of Fulshear to obtain and review my driver's license record and my criminal history.	<i>Applicant's Initials</i>
Signature	Date

INSTRUCTIONS: Please complete, sign, and return to the City of Fulshear. Applicants must complete all the blanks accurately and completely. Neatness and legibility are important. Questions may be directed to the City Secretary or Mayor. Also, please include a resume along with this application form.

**City of Fulshear
30603 FM 1093
P. O. Box 279
Fulshear, Texas 77441**

**Phone: 281-346-1796
Fax: 281-346- 2556**