

Previous Employers and Addresses

Place an by the employer(s) you do not want us to contact. List the most recent employer first.

1. Company Name _____ Phone () _____
 Contact Name _____
 Address _____
 Position _____ Employed From _____ To _____
 Reason for Leaving _____ Last Wage _____

2. Company Name _____ Phone () _____
 Contact Name _____
 Address _____
 Position _____ Employed From _____ To _____
 Reason for Leaving _____ Last Wage _____

3. Company Name _____ Phone () _____
 Contact Name _____
 Address _____
 Position _____ Employed From _____ To _____
 Reason for Leaving _____ Last Wage _____

4. Company Name _____ Phone () _____
 Contact Name _____
 Address _____
 Position _____ Employed From _____ To _____
 Reason for Leaving _____ Last Wage _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicant's Signature _____ Date _____

This Application for Employment has been prepared for general use throughout the United States. Neither HRDirect nor its counsel or advisors assume any responsibility for the inclusion in the Application for Employment of any questions which may violate local, State, or Federal laws. Users should consult their own legal counsel about any questions they may have concerning this form or its use.

CRIMINAL BACKGROUND RELEASE FORM

CITY OF GRAND SALINE, TEXAS

With few exceptions, you are entitled on your request to be informed about the information the City of Grand Saline collects about you. Under Sections 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have the City of Grand Saline correct information about you that is held by us and is incorrect. The information that the City of Grand Saline collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

THIS SECTION TO BE COMPLETED BY THE APPLICANT

Print all information requested. Falsification of any information on this form will void your Application for Employment and any actions based on it. The information on the Application for Employment, together with any attachments, is the property of the City of Grand Saline.

Name: _____
Last
First
Middle
Maiden

List any alias names used: _____

Social Security Number: _____

Driver's License, State and #: _____ Date of Birth: _____

Race: _____ Gender: _____ Height: _____

List Current and Last Two (2) Previous Addresses including Dates of Residency. Use the back of this form, if necessary, to List Any out of State Addresses including Dates of Residency.

Current Address	Previous Address #: 1	Previous Address #: 2
Number and Street _____	Number and Street _____	Number and Street _____
City State Postal Code _____	City State Postal Code _____	City State Postal Code _____
Date of Residency _____	Date of Residency _____	Date of Residency _____

I hereby authorize any law enforcement agency to furnish the City of Grand Saline, or its agent, information related to my criminal history. I hereby release the City of Grand Saline and all its agents and employees, the law enforcement agency and all employees of law enforcement agencies furnishing information, from all liability resulting from the furnishing of this information to the City of Grand Saline. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void my Application for Employment and any actions based on it.

Applicant Signature _____

Date _____

If Applicant is less than seventeen (17) years of age, a parent or guardian must agree to the above conditions and counter sign this Criminal Background Release Form. I (we) the parent(s) or guardian(s) of the above listed minor child do hereby agree to all conditions of the Criminal Background Release Form for the minor child listed above as a condition of employment with the City of Grand Saline.

Parent(s) or Guardian(s) _____

Date _____