



**CITY of TEXARKANA, TEXAS  
APPLICATION FOR EMPLOYMENT  
P.O. BOX 1967  
Texarkana, Texas 75504-1967  
(903) 798-3900**

**PRINT IN BLACK INK OR TYPE (Check Appropriate Boxes).** It is the policy of the City of Texarkana, Texas not to discriminate in its employment and personnel practices because of a person's race, color, creed, religion, sex, national origin or disability status. This application or any attachments thereto become a part of the City of Texarkana, Texas records and will not be returned. **All resumes submitted must be accompanied with a completed application.**

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
 (Last) (First) (Middle)

List any names used if different from name on application. \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
 (Street Address, City, State, Zip Code)

RESIDENCE ADDRESS (If different from mailing) \_\_\_\_\_  
 (Street Address, City, State, Zip Code)

HOME PHONE (\_\_\_\_) \_\_\_\_\_ WORK PHONE(\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

List exact title of position you are applying for:

Date available for work:

Current Driver's License # (if required for position) \_\_\_\_\_ Commercial Driver's Licenses? **YES**  **NO**   
 (State) (Number)

If hired, can you provide documentation that you are legally entitled to work in the United States? **YES**  **NO**

Are you under the age of 18? **YES**  **NO**

Are you related by marriage or birth to a City Employee, Council Member, or City Manager? **YES**  **NO**

If Yes, Whom:

**EDUCATION** Indicate highest grade completed: 9  10  11  12  13  14  15  16

Did you graduate from High School or receive a GED? **YES**  **NO**

(Note: Applicants will be required to provide proof of diploma, degree, transcripts, licenses, and registrations.)

Type Of Education	Name and Location Of School	Dates From Mo /Yr To Mo/Yr	Date Graduated Mo./Yr.	Major/Minor Fields of Study	Sem./Clock Hours Completed
Undergraduate Colleges or University					
Graduate School					

**EMPLOYMENT INFORMATION**

**Special Training/Skills/Qualifications:** List all job-related training skills and machine or office equipment you can adequately operate. Such as calculators, printing, or graphics equipment, computer equipment, types of software and hardware. (Attach additional pages, if necessary.)

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Approximately how many words per minute can you type? \_\_\_\_\_ (If required for the position, you must attach a copy of a typing test taken within the last 30 days of the submitted application—internet typing test not accepted).

Do you speak a language other than English? YES  NO

If yes, what language(s) do you speak? \_\_\_\_\_ How fluently? FAIR  GOOD  EXCELLENT

Do you write a language other than English? YES  NO

If yes, what language(s) do you write? \_\_\_\_\_ How fluently? FAIR  GOOD  EXCELLENT

Have you ever been employed by the City of Texarkana, Texas, if yes, list position(s) and dates of employment:

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**OTHER INFORMATION**

The city conducts criminal history checks on all employees. Please fully answer the following questions: (Note: a conviction does not mean that you will not be considered for employment. Your age, date of offense, serious and nature of the violation and rehabilitation will be considered.)

Have you been **convicted**, placed on **deferred adjudication** or **community supervision**, or **pleaded guilty** or **no contest** to a felony or misdemeanor offense? (Other than the tickets listed on in driving background.) YES  NO  (If NO, skip to the next section.)

If **YES**, please answer the following questions **about each conviction**. Please use a separate sheet to give more information about **multiple offense and attach to this application**. Include any **DWI/DUI offenses**.

Conviction: Date: \_\_\_\_\_ Location: \_\_\_\_\_

Offense: \_\_\_\_\_

Results: Probation: Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

Deferred Adjudication: Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

Jail Sentence: Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

**OFFICE USE ONLY**

Comments: \_\_\_\_\_

**EMPLOYMENT HISTORY**

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experiences should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or most recent position and work back to your first.
2. Employment history should include each position held, even those with the same employer.
3. **COMPLETE MAILING ADDRESS, INCLUDE ZIP CODE, IS NEEDED FOR EMPLOYER ADDRESSES.**
4. For supervisor/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach Employment history providing the same information requested on this application form.

Position Title: Employer: Mailing Address: City & State/Zip: Employer's Telephone No.: Immediate Supervisor's Name: Dates of Employment: <b>Begin -</b> <b>End -</b>	Number of employees you supervised:  Reason for Leaving:	Summary of duties/experience:
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**OFFICE USE ONLY**

Comments: \_\_\_\_\_

**REFERENCES**

Name	Occupation	Home/Address/State/Zip	Telephone No.

**READ BEFORE SIGNING**

*I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and falsification shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal or work history deemed necessary. I understand that I will be required to adequately complete a post-offer physical, inclusive of a drug screen, as well as a six month training period during which time my employment may be terminated for failure to meet the minimum standards required by my employer.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_ Job Code \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## The City of Texarkana, Texas is an Equal Opportunity Employer

We are interested in finding out what kind of job we are doing as an Equal Opportunity Employer. Please complete this questionnaire and return it with your application. Your input will help us determine whether information about City job openings is reaching all segments of the community.

Name _____ Social Security _____ Title of Job Applied For _____  <input type="checkbox"/> Regular Full-Time <input type="checkbox"/> Temp. Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp Part-Time	<b>Gender Check One</b> <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date: _____
<b>Veteran Status:</b> <input type="checkbox"/> Veteran <input type="checkbox"/> Iraq War <input type="checkbox"/> Vietnam <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Desert Storm	<b>Race (Check One):</b> <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic (of any race) <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other
<b>How did you find out about this job:</b> <input type="checkbox"/> Texas Workforce Commission <input type="checkbox"/> Texarkana Gazette <input type="checkbox"/> Website ( <a href="http://www.ci.texarkana.tx.us">www.ci.texarkana.tx.us</a> ) <input type="checkbox"/> City Employee <input type="checkbox"/> Government Access Channel <input type="checkbox"/> Job Fair <input type="checkbox"/> City Human Resource <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Walk-in	

**This information will not be used in the employment process. It is gathered only for the City's information in submitting federally required records.**