

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans Disabilities Act, applicants may request accommodations needed to participate in the application process.

Your interest in employment with the City of Ranger is appreciated. In order to gain a better understanding of your background and work history, we ask that you answer all questions completely and to the best of your knowledge. Information provided is subject to verification. **Incomplete Applications will not be considered.**

PERSONAL INFORMAT	TION DAT	Е	DOB			
DRIVERS LICENSE NUM	IBER & STATE					
NAMELAST I	FIRST	MIDDLE	Are you 18	8 yrs. or older?	Yes	No
PRESENT ADDRESS	STREET		CITY	STATE	Z ZIP	
PHONE NUMBER		REF	ERRED BY:			
HAVE YOU EVER BEEN CONVICTED OF A CRIME? (If yes, please explain on reverse). Yes No						
EMPLOYMENT DESIRE	<u>ED</u>					
POSITION APPLYING FO)R:		DATE YOU CAN START		SALARY DESIRED	
CURRENTLY EMPLOYED? YES	NO		MAY WE INQUIRE PRESENT EMPLOY		NO	
HAVE YOU EVER APPLI THIS COMPANY BEFOR		NO V	VHERE?		WHEN?_	
EDUCATION 1	NAME AND LOC	CATION OF SCH	IOOL YR COM	IP. DEGREE		STUDIED & D
ELEM. SCHOOL						
HIGH SCHOOL			7, 8, 9, 10, 1			
COLLEGE TRADE, BUS., OR CORRESPONDENCE			1, 2, 3			
GENERAL SUBJECTS OF SPECIAL S	STUDY OR RES	EARCH WORK				
JOBS RELATED SKILLS	(TYPING, DRIV	ER'S LICENSE, 1	ETC.)			
			N THE OTHER	(IDE)		

FORMER EMP	FORMER EMPLOYERS LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST.					
DATE	NAME AND ADDRESS OF EMPLOYERS	SALARY	POSITION	REASON FOR LEAVING		
FROM:						
TO:						
FROM:						
TO:				·		
TO:						
FROM:						
TO:						
	V ACT DEV CAVA DED COMO VOT DEV ATED TO V			OWN 1 T 1 T 1 G T 1 Y T 1 D		
	LIST BELOW 3 PERSONS NOT RELATED TO Y					
NAME	ADDRESS	POSIT	ION	YRS. ACQUAINTED		
1.						
2.						
3.						
ELIGIBILITY, AND	D BY THE COMPANY, YOU WILL BE REQUIRED TO PRESENT DOCUMENTS CONFIRMING YOU DIF YOU CANNOT COMPLY WITH THESE REQUI	U R IDENTITY	TO YOUR IDE	NTITY AND EMPLOYMENT MENT ELIGIBILITY. YOU		
AUTHORIZAT	ION					
understand that any fal	contained in this application (and accompanying resum- lse statement, omission, or misrepresentation on this appl ter when discovered by the Company.					
in my application or in character and general re	mployment is conditioned on a background check. I authoresume, and I authorize my former employers and refereputation to the Company, without giving me prior notice ences listed above from any and all claims, demands or liab	rences to disclo of such disclosu	se information reg are. In addition, I	garding my former employment release the Company, any former		
contract. I further un at any time, with or	ee that nothing contained in this application, or conve iderstand and agree that if I am hired, my employment without cause and without prior notice or at the opt en made to me, and I understand that no such promi	will be "at will' ion of either m	' and without fixe yself or the Com	d term, and may be terminated pany. No promises regarding		
medical examination or and I request that the segregated from my pe	ment, I agree to submit to a medical examination and drug r drug test at any time deemed appropriate by the Company examining doctor disclose to the Company the results resonnel file. I understand that my employment or continu- aminations and drug test, and if I am hired, a condition of	y and as permitted of the examinated employment	ed by law. I consent ation, which resul , to the extent perr	nt to such examinations and tests ts shall remain confidential and mitted by law, is contingent upon		
	g out this form does not indicate there is a position open arrules, policies and procedures. The Company retains the					
DATE/	Signature					



Ranger, Texas 76470 Office: (254) 647-3522 Fax: (254) 647-1407

BACKGROUND PERMISSION AND RELEASE FORM

"I,, do	hereby authorize the City of Ranger and any authorized agent
	background. To facilitate the development of this information,
I authorize, request, and require any previous er	mployer, educational institutions, organizations, companies, or
	have concerning my work history and achievements,
creditworthiness, general reputation, character, pe	ersonal characteristics, and mode of living.
As an inducement to provide this information,	I hereby release and forever discharge each and every such
employer, educational institution, organization, c	company, or person from any and all claims of liability, in law
or in equity, which may arise out of furnishin	g such information to the above-named organization or any
authorized agent thereof.	
I further understand and agree that any false or i	misleading information given on my application or during my
job interview is considered just grounds for dis	smissal and may result in my termination at the employer's
option.	
I further give the City of Ranger lasting permiss	sion to reinvestigate my background at any time in the future
during my term of employment with them for any	reason they so desire.
My signature below indicates my understanding	of, agreement with, and acceptance of all the above terms and
stipulations."	
Driver's License Number and State	Signature
Birth Date	Printed Name
Employee Witness	Date