



**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: _____	_____	_____	_____	_____
FROM: _____	_____	_____	_____	_____
TO: _____	_____	_____	_____	_____
FROM: _____	_____	_____	_____	_____
TO: _____	_____	_____	_____	_____

**REFERENCES** LIST BELOW 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR

NAME	PHONE NUMBER	POSITION	YRS. ACQUAINTED
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**IF YOU ARE HIRED BY THE COMPANY, YOU WILL BE REQUIRED TO ATTEST TO YOUR IDENTITY AND EMPLOYMENT ELIGIBILITY, AND TO PRESENT DOCUMENTS CONFIRMING YOUR IDENTITY AND EMPLOYMENT ELIGIBILITY. YOU CANNOT BE HIRED IF YOU CANNOT COMPLY WITH THESE REQUIREMENTS.**

**AUTHORIZATION**

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

**I understand and agree that nothing contained in this application, or conveyed during my interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice or at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.**

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired, a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Signature \_\_\_\_\_



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## **BACKGROUND PERMISSION AND RELEASE FORM**

"I, \_\_\_\_\_, do hereby authorize the City of Ranger and any authorized agent thereof to produce an investigative report on my background. To facilitate the development of this information, I authorize, request, and require any previous employer, educational institutions, organizations, companies, or its agents whatever information they may have concerning my work history and achievements, creditworthiness, general reputation, character, personal 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, company, or person from any and all claims of liability, in law or in equity, which may arise out of furnishing such information to the above-named organization or any authorized agent thereof.

I further understand and agree that any false or misleading information given on my application or during my job interview is considered just grounds for dismissal and may result in my termination at the employer's option.

I further give the City of Ranger lasting permission 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

