

City of Dawson

JOB APPLICATION

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Date of Application:			
Position Applied for:			
Name:			
Date of Birth:			
Social Security#:			
Address:			e de la companya del companya de la companya del companya de la co
City:			
Telephone#:	Cell #:		
Email address:			
If you are under 18 , and it is requ	iired, can you furnish a work	permit?	
If no, please explain			
Have you ever been employed he			
Are you legally eligible for every			
Are you legally eligible for emplo			
Date available for work	What is your d	esired salary?	per hour.
Type of employment desired Ful	l-time Part-time Temporai	ry Seasonal Educatio	onal Co-OP
Drivers License #	lcei	iing State:	

Education (NOTE: Applicants may be required and registrations.)	I to provide proof of diploma degree, transcripts, lice	enses, certifications,
institute:	If yes, name and location of high school or GEL	
grade completed and ye	ear of completion	
College Graduate? Yes No License/Certification	If yes, what was your Date issued	. Date
expires Issued but the second control of the second contro	by/Location of issuing authority	
Do you speak a language other than English?	Yes No If yes, what language (s)	
Military Service (A copy of a report of separat	tion from the Armed Services may be required)	
Are you a veteran? Yes No If ye	es, list type of discharge	Dates of
Service (From/To)	Are you a survi	ving spouse of a
	Are you a surviving orphan of a veteran? Yes _	
Employment History:		
This information will be the official record of y performed. Summaries of experience should of	our employment history and must accurately reflec clearly describe your qualifications.	t all significant duties
Employment history should include each posit 2. Employer addresses must be complete mai 3. Answer all questions and completely summand any special training, skills and qualification of the property of the same property.	iling addresses, including zip code. narize your experience including technical and mana	gerial responsibilities mployment history
1. POSITION TITLE:		
EMPLOYER:	7 - 47 - 19 - 19 - 19 - 19 - 19 - 19 - 19 - 1	
MAILING ADDRESS:	CITY & STATE/ZIP	
	IMMEDIATE SUPERVISOR NAME AND PHO SUPERVISOR TITLE:	
START DATE:	LEAVING DATE:	
JOB DUTIES:		
	AS YOUR POSITION: PART-TIME FULL-TIME	
NEASON FOR LEAVING EIVIPLOTER.		

2. POSITION TITLE:		_
EMPLOYER:		
MAILING ADDRESS:	CITY & STATE/ZIP	
EMPLOYER PHONE #	IMMEDIATE SUPERVISO SUPERVISOR TITLE:	OR NAME AND PHONE#
START DATE:	LEAVING DATE:	746-00-
JOB DUTIES:		
	WAS YOUR POSITION: PART-TIME	
REASON FOR LEAVING EMPLOYER:		
3. POSITION TITLE:		-
EMPLOYER:		
MAILING ADDRESS:	CITY & STATE/ZIP	4.00
	IMMEDIATE SUPERVISO SUPERVISOR TITLE:	
START DATE:	LEAVING DATE:	
JOB DUTIES:		
	WAS YOUR POSITION: PART-TIME	
PLEASE READ THE FOLLOWING SAT SIGNING IN THE SPACE PROVIDED	TEMENTS CAREFULLY AND INDICATE YOUR U	JNDERSTANDING AND ACCEPTANCE BY
is true and complete, and I underst for refusal to hire or if hired, termin		mission of information my be grounds
2. I understand that as a condition the US.	of employment, I will be required to provide	legal proof of authorization to work in
3. I understand that the City of DayInvestigation or other organizations4. I authorize any of the persons or	wson will check with the Texas Department or s, for any criminal history in accordance with organizations referenced in this application t	applicable statutes. To give you any and all information
regard to any of the subjects covere which may result from furnishing su	nt, education, or any other information they ed by this application, and I release all such pauch information to you. Woon is an at-Will employer and that employr	arties from all liability from any damages
	F Dawson is also an Equal Opportunity Emplo	
Applicant Signature and Date Requ	ıired:	