

**CITY OF BENBROOK  
911 Winscott Road  
P. O. Box 26569  
Benbrook, Texas 76126**

**TELEPHONE: (817) 249-3000  
FACSIMILE: (817) 249-0884**

**AN EQUAL OPPORTUNITY EMPLOYER  
APPLICATION FOR EMPLOYMENT**

**PLEASE READ FIRST:** Thank you for your interest in employment with the City of Benbrook. The application you submit will be reviewed and evaluated based upon the information you have supplied. Failure on your part to furnish all or part of the information requested may result in denial of your application. Employment is subject to an applicant satisfying the City's requirement as to morals, character, references and physical examination. The City of Benbrook does not discriminate on the basis of race, color, national origin, sex, religion, age, or disable status in employment or the provision of services.

**PLEASE FOLLOW THESE INSTRUCTIONS TO COMPLETE THIS APPLICATION:**

1. An employment application will be accepted **ONLY** when a specific employment opportunity notice is posted on the job vacancy board or advertised in various publication(s).
2. Comments such as "See Resume" are **NOT ACCEPTABLE**. The application form is the primary tool used in the application process. Other job related information such as resumes, letters of recommendation, and copies of certificates and diplomas may be attached to your application, but will not substitute for any information requested on your application.
3. Complete the application in neat, legible handwriting or type, using blue or black ink.
4. The application must be completed with social security number, current mailing address, telephone number(s), dates of employment, address of employer, job titles, supervisors name, reasons for leaving, schools you attended and references. The application must indicate the position applied for and be signed and dated by the applicant.
5. Your application will be reviewed after the closing date of the position. If you are selected for pre-placement testing or personal interview, you will be contacted by telephone. If however, we are unable to consider your application, you will receive a notice by mail.
6. If you wish to be considered for future positions, a new application must be completed.

CITY OF BENBROOK

APPLICATION FOR EMPLOYMENT  
AN EQUAL OPPORTUNITY EMPLOYER

Instructions: It is important that you answer all questions on this application fully and accurately. If an item does not apply to you, or if there is no information to be given, please write in the letters "N.A." for Not Applicable. Please print in ink or type.

The City of Benbrook considers all applicants for employment without regard to race, color, religion, ethnic affiliation, sex, national origin, age, physical handicap, or veteran status, or any other protected status or classification in accordance with state and federal laws. The City of Benbrook also provides "reasonable accommodations" to qualified individuals with known disabilities, in accordance with the Americans with Disabilities Act.

Position Applying for: \_\_\_\_\_ Date: \_\_\_\_\_

PERSONAL INFORMATION:

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_  
Number & Street City State Zip Home

Are you over the age of 18? - Yes - No If not, state your date of birth: \_\_\_\_\_ Telephone # \_\_\_\_\_  
8: a.m. - 5 p.m.

Are you applying for a Police Officer Position? - Yes - No If yes, state your date of birth: \_\_\_\_\_

Type of work you will accept: - Full-time - Part-time - Temporary - Shift Work 1 Night Work 1 Weekends

Date available to start work: \_\_\_\_\_ Are you willing to work overtime as necessary 1 Yes 1 No

Have you ever been employed by the City of Benbrook? 1 Yes 1 No. If yes, position held? \_\_\_\_\_

Department \_\_\_\_\_ Period of Employment \_\_\_\_\_

Do you have relatives working for the City of Benbrook or serving on the City Council? 1 Yes 1 No. If yes, whom?

\_\_\_\_\_ Relationship \_\_\_\_\_

CITIZENSHIP:

Are you a U. S. Citizen? 1 Yes 1 No. If no, do you have the legal right to work in the United States? 1 Yes 1 No

It will be necessary to submit documents as required by law to verify your identification and employment authorization upon employment.

MILITARY: Have you ever served in the U.S. Armed Forces? 1 Yes 1 No

If yes, give dates of service and type of discharge: \_\_\_\_\_

List duties in the service including special training that is relevant to the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_



Have you ever been convicted of a crime other than a Class C traffic offense?  Yes  No  
If yes, please complete the following and attach additional sheets if necessary: (Note: Conviction will not automatically exclude you from employment.)

| Charge | Date | Location |
|--------|------|----------|
|        |      |          |
|        |      |          |

**EMPLOYMENT HISTORY:** List your employment experience, beginning with your current or last position and work back. Include military experience and account for periods during which you were unemployed. This page may be copied if additional space is needed to account for all employment in the last ten (10) years.

Presently employed?  Yes  No. If yes, may we contact your present employer?  Yes  No

EMPLOYER: \_\_\_\_\_ Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Number & Street City State Zip

Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Describe Your Duties \_\_\_\_\_

Reason for Leaving or Wanting to Leave \_\_\_\_\_

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EMPLOYER: \_\_\_\_\_ Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Number & Street City State Zip

Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Describe Your Duties \_\_\_\_\_

Reason for Leaving or Wanting to Leave \_\_\_\_\_

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EMPLOYER: \_\_\_\_\_ Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Number & Street City State Zip

Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Describe Your Duties \_\_\_\_\_

Reason for Leaving or Wanting to Leave \_\_\_\_\_

Please explain any lapses in employment history: \_\_\_\_\_

Have you been fired or asked to resign from any job within the past ten (10) years?

Yes  No If yes, explain: \_\_\_\_\_

**REFERENCES:** List three (3) references, excluding relatives, former or present employers, and fellow employees

| Name and Occupation | Address | Dates Known | Telephone # |
|---------------------|---------|-------------|-------------|
| 1.                  | _____   | _____       | _____       |
| 2.                  | _____   | _____       | _____       |
| 3.                  | _____   | _____       | _____       |

**ADDITIONAL INFORMATION:** In the space below, you may provide any additional information that you feel may be helpful to the City in arriving at a decision concerning your qualifications for employment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

**PRE-EMPLOYMENT STATEMENT**

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and are made by me in good faith. I understand that any falsification, misrepresentation or omission of facts in this application may be cause for my elimination from consideration for hire or, if already hired, cause for my dismissal, regardless of the time that elapses before such false information is discovered.

I understand that all applicants chosen for employment must undergo a medical examination, including a drug screen, and other job related testing, given at the City's expense.

I understand and agree that employees are "at-will" and employment with the City of Benbrook is for no definite period of time and that wages, benefits, and conditions of employment can be changed at any time.

I understand that consideration of my employment in this position is contingent upon the results of a reference and background check.

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

## **CITY OF BENBROOK**

### **DRUG-FREE WORKPLACE POLICY**

To maintain a drug-free workplace, the City of Benbrook prohibits the unlawful manufacture, distribution, dispensing, possession, use or presence of being under the influence of illegal drugs, alcoholic beverages, and/or possession of paraphernalia in the workplace during working hours, or in a City vehicle. In addition, the City requires that all applicants submit to a drug screen as part of the pre-employment physical.

### **DRUG TEST REQUIREMENTS**

A job applicant who refuses to submit to drug testing within two hours after required by the City of Benbrook may be automatically rejected as a job applicant.

A refusal to sign all forms associated with the testing process shall be considered to be a refusal to take a drug test. Any action taken by the job applicant which can reasonably be construed as an attempt to tamper with a urine sample or any part of the testing process will be grounds for automatic rejection of a job applicant.

A job applicant may be rejected if the job applicant submits a urine sample which tests positive for the presence of drugs above allowable levels.

The City will not use a positive test result for drugs found to refuse to employ a job applicant unless the positive result is verified by an analytical technique different from the original analysis.

It is the policy of the City that the most accurate methods reasonably available should be employed for initial drug analysis of samples and subsequent verification of a positive result.

The drug testing process shall be maintained in strict confidence to protect the privacy of job applicants tested. Information on test results and all forms completed by the applicant shall be released within the City organization only when necessary unless required by law or in defense of the City.

A job applicant may obtain his/her own test results upon written request to the Personnel Department. Test results and forms shall not be released to any other person not associated with the City of Benbrook without written consent of the job applicant unless such release is required by law or in defense of the City.

**CITY OF BENBROOK**

**AUTHORIZATION TO CONDUCT DRUG TESTS**

I hereby authorize the City of Benbrook and its agents to conduct any urine drug tests they deem necessary. I understand that proper "chain of custody" procedures will be maintained. I hereby authorize the release to the City of Benbrook, all results of any drug tests performed by any doctors, clinics, or laboratories to which I have been referred. This information is authorized to be used by the City of Benbrook for the sole purpose of employment-related matters.

Following are the names of prescribed medications and/or over-the-counter medications that I have taken within the last twenty (20) days and I believe the doctor and laboratory should know about.

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The name and address of the physician prescribing the above medication is:

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APPLICANT'S NAME \_\_\_\_\_  
Last First Middle

APPLICANT'S SIGNATURE \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_  
(If applicant is under age 18)

DATE \_\_\_\_\_