



## **\*NOTICE TO ALL APPLICANTS\***

The City of Sanger only accepts applications for positions that are currently open.

Applications are required for all open positions. Resumes are accepted as a supplement to, but not in lieu of an application.

Applications are reviewed by Human Resources to ensure that the applicant meets the minimum qualifications are considered. The hiring department head then reviews the applications and schedules interviews.

Although all applicants who meet minimum qualifications are considered, those candidates whose background, experience and education that are most closely related to the position may be considered first. Not all applicants will necessarily be interviewed.

Filling a job vacancy can take from 30 to 60 days, depending on the type of position. Do not contact the hiring department head directly, if you have any questions, please contact Human Resources at (940) 458-7930.

The City of Sanger is an equal opportunity employer and does not discriminate on the basis of race, color, religion, gender, national origin, age or disability.

In compliance with the Americans with Disabilities Act, The City of Sanger will provide during the employment process any necessary reasonable accommodation needed as a result of a disability. If assistance is needed, please contact Human Resources as soon in the employment process as possible so that appropriate measures can be taken to meet your needs.

The City of Sanger is an equal opportunity employer and encourages all qualified individuals to apply.

Submitted applications become public record and are subject to disclosure.



# APPLICATION FOR EMPLOYMENT

Human Resources Department

502 Elm, P.O. Box 1729/Sanger, TX 76266

Phone (940)458-7930/Fax (940)-458-4180

[www.sangertexas.org](http://www.sangertexas.org)

The City of Sanger has a strong commitment to the principle of diversity and, in that spirit, seeks a broad spectrum of candidates, including women, minorities, and people with disabilities.

INCLUDE COPIES: High School Graduation Certificate and Drivers License

Date:

## GENERAL INFORMATION

Last Name	First Name	MI	(Maiden Name/Other)
Address		City	State Zip Code
Primary Contact Phone Number	Secondary Contact Number	e-mail	
Do you have a current Driver's License? Yes, State: _____ Class: _____ No (Your driving record will be considered to the extent that you will drive a city vehicle or do city business in your personal vehicle.)		Have you ever worked for the City of Sanger? No Yes, Dates: From _____ to _____ Position: _____ Department: _____	
Do you have any relatives working for the City of Sanger? No Yes, Name: _____ Dept: _____ Relationship: _____		If hired, can you furnish proof that you are legally entitled to work in the US? Yes No Are you at least 16 years of age? Yes No	

## AVAILABILITY

Position(s) you are applying for:	Interested in:	Full Time	Part Time	Volunteer
	I will accept:	Full Time	Part Time	Volunteer
	Date Available:			

## EDUCATION

SCHOOL	NAME AND LOCATION	DATE FROM	DATE TO	
HIGH SCHOOL:				Diploma or GED?
TRADE SCHOOL:				Credit Hours and Major
COLLEGE:				Certificate/Degree Obtained Major/Minor
OTHER:				Certificate/Degree Obtained Major/Minor

## WORK EXPERIENCE (BEGINNING WITH THE MOST RECENT)

<b>1. EMPLOYER:</b>	DATE FROM:	DATE TO:	DUTIES:
ADDRESS			
TELEPHONE			
YOUR JOB TITLE	WAGE OR SALARY START	WAGE OR SALARY END	
SUPERVISOR			
REASON FOR LEAVING			
<b>2. EMPLOYER:</b>	DATE FROM:	DATE TO:	DUTIES:
ADDRESS			
TELEPHONE			
YOUR JOB TITLE	WAGE OR SALARY START	WAGE OR SALARY END	
SUPERVISOR			
REASON FOR LEAVING			
<b>3. EMPLOYER:</b>	DATE FROM:	DATE TO:	DUTIES:
ADDRESS			
TELEPHONE			
YOUR JOB TITLE	WAGE OR SALARY START	WAGE OR SALARY END	
SUPERVISOR			
REASON FOR LEAVING			
<b>4. EMPLOYER:</b>	DATE FROM:	DATE TO:	DUTIES:
ADDRESS			
TELEPHONE			
YOUR JOB TITLE	WAGE OR SALARY START	WAGE OR SALARY END	
SUPERVISOR			
REASON FOR LEAVING			

If you are currently employed, may we contact your employer?    Yes    No

**Department of Public Safety positions: Include 10 years of your work history. Use additional sheets.**

## SKILLS

List all types of computers and software programs you have experience with:

License, Certificates and Certifications:

Honors, Recognition, other Skills and Training:

Languages:

Read	Speak	Write
Read	Speak	Write

## DRIVING BACKGROUND

Please note below the number and date of any moving traffic violations and/or at-fault accidents in the last three (3) years. Include any violations for which you were convicted, served probation, took deferred adjudication or attended driving school.

## CRIMINAL HISTORY

The City of Sanger conducts criminal history checks on all employees. Answer all of the following questions in full:

**NOTE:** A conviction does not mean that you will not be considered for employment. Your age, date of offense, nature of the violation and rehabilitation will be taken into account.

Have you ever been **convicted**, placed on **deferred adjudication** or **community supervision**, or **pled guilty** or **no contest** to a felony or misdemeanor offense? (Other than to Class C Traffic Violations as listed above)

**Yes**

**No**

If **NO**, mark No and skip this section. If **YES**, please answer the following questions about each conviction.

**Arrested:** Dates:

Locations:

**What were your charges:**

**Results:**

Probation or Deferred Adjudication:

Starting dates:

Finishing dates:

Jail or Prison Sentence:

Starting dates:

Finishing dates:

Fine: Amounts \$

**Please use the back page of this application form to give more information or use a separate sheet and attach to this application.**  
Consent to perform Criminal History/background Check Form must also be filled out and included with application.

**FUTURE EDUCATION**

Are you planning to pursue further studies?      Yes      No  
If yes, when, where, and what and what courses?

**LIST ANY ORGANIZATIONS YOU BELONG TO, HOBBIES, OR SPECIAL INTERESTS**

**READ CAREFULLY BEFORE SIGNING**

I certify that all the answers I have given are true to the best of my knowledge and belief. I understand that any falsifications, misrepresentations or omissions 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 passes before such false information is discovered. I further acknowledge that I have read and understand the questions regarding criminal records and I have answered these questions truthfully. I also understand that some positions may require that I undergo an additional background investigation and testing. I expressly request employers and any persons who may have information (including records of criminal convictions) concerning me, furnish that information to the Human Resources Department and agree to hold such persons harmless, and I do hereby release them of any and all liability or damage of any nature whatsoever for furnishing such information. I understand that the information obtained is for the City’s official use and may be disclosed to third parties as required by law.

I understand that I may be required to complete a physical examination and drug/alcohol screening, at the City of Sanger’s expense, after a conditional offer of employment. If a doctor determines I have certain medical restrictions relating to my ability to perform the job I applied for, those restrictions will be communicated to the Human Resources Department of the City for the purpose of determining my ability to perform the essential functions of the job with or without any reasonable accommodation. I understand and agree that employment with the City is “at will” and for no definite period of time and that wage, benefits and conditions of employment be changed at any time. I understand that this is not an employment contract between the City of Sanger and me. The City will reject any application which is unsigned or graphically altered.

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

**NOTES/ADDITIONAL INFORMATION**

**CONSENT TO PERFORM CRIMINAL HISTORY/BACKGROUND CHECK  
IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

Last Name	First Name	Middle Name or Initial
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Maiden or other name(s) used in any and all other records of birth or records of residence.

* Address	Apartment or #
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City	County	State	Zip
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** Date of Birth	Social Security Number	**Gender	**Race
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**\*AS SHOWN ON THE ORIGINAL APPLICATION  
\*\*TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL  
FILE.**

I, \_\_\_\_\_, am an applicant for employment / volunteerism with \_\_\_\_\_ company and have been advised that as a part of the application process, the company conducts a criminal history background report that may include, but are not limited to, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby consent to the company use of any information provided during the application process in performing the background report. The company has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment / volunteerism. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the company. Under the fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

The following are my responses to questions about my criminal history (if any).

1. \_\_\_ YES \_\_\_ NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).  
If yes, please provide details below.

State:	County:	Date of Offense:	/ /
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Details of conviction:

2. \_\_\_ YES \_\_\_ NO Have you ever-received deferred adjudication or similar disposition for any federal, state or municipal offense?  
If yes, please provide details below.

State:	County:	Date of Offense:
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Details of offense:

3.  YES  NO Have you ever-received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of supervision:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.  YES  NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: \_\_\_\_\_ City: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of conviction:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.  YES  NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Arrest \_\_\_\_\_

Details of pending charges:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE. I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT/VOLUNTEERISM WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE COMPANY.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

APPLICANT (PRINT NAME) \_\_\_\_\_

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



**ADDITIONAL  
APPLICATION REQUIREMENT  
FOR VOLUNTEER  
EMPLOYMENT**

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**FILL OUT THE NEXT TWO PAGES  
ONLY  
IF YOU ARE APPLYING  
TO BE A VOLUNTEER**





VOLUNTEER AGREEMENT AND RELEASE

I, \_\_\_\_\_ (“Volunteer”) am over the age of eighteen (18) years, am of sound mind and hereby request that the City of Sanger, Texas (“City”) allow me to volunteer my time, talent and abilities to assist the City of Sanger, Texas in carrying out its mission of service to the citizens of Sanger. As consideration for the City allowing me to serve as a volunteer, I hereby agree as follows:

I acknowledge and agree that I am not an employee of the City. Under no circumstances will I represent that I am an employee of the City. Any and all of the activities that I perform will be as a volunteer only. I understand and agree that I will not receive any form of compensation or remuneration for these volunteer services. I also understand and agree that the City may at its discretion discontinue my volunteer services at any time and with no prior or written notice and without cause or reason.

If any activity to which I am assigned presents risks that I do not want to take, then it is my responsibility to state that concern to Human Resources and announce my decision not to engage in that activity. I agree to abide by all safety rules that are applicable at the site at which I am performing volunteer duties, to properly use any personal protective equipment that may be provided to me and will always perform volunteer activities in a safe and prudent manner.

I agree that I will abide by the policies and directives of the City, as well as all applicable statutes and ordinances. I authorize that the City may seek emergency medical treatment on my behalf in case of any accident, injury or illness that should occur involving me. I agree that I accept and assume the risk and responsibility for harm, injury or damage that may befall me while I am performing activities as a volunteer. I understand that the City of Sanger will provide for my indemnification and defense for acts or omissions by me, assuming such acts or omissions are within the course and scope of work performed.

In consideration for my being allowed to provide volunteer services for the City, I do of my own free will knowingly execute this Volunteer Agreement and Release which I have read and fully understand. My signature as a Volunteer of the City is affixed below.

VOLUNTEER:

\_\_\_\_\_

(Signature)

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

Name: \_\_\_\_\_

Dept: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

Emergency contact info:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_