

PLEASE REMOVE THIS FORM FROM THE APPLICATION AND KEEP FOR YOUR INFORMATION.

Thank you for your interest in employment with the Town of Flower Mound. The application you submit shall be reviewed and evaluated based upon the information you have supplied. Failure to answer all questions completely and accurately may mean loss of an employment opportunity.

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 at the Human Resources Department office, advertised in various publication(s), or located on the official Town web page www.flower-mound.com.
2. Complete the application in neat, legible handwriting (or type), using blue or black ink.
3. 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 these documents will not substitute for any information requested on your application. The application must be complete with social security number, current mailing address, telephone number(s), dates of employment, job titles, reasons for leaving, schools attended and references. The application must indicate the position applied for and be signed and dated by the applicant.
4. Your application will be reviewed as soon as practical. If you are selected for pre-placement testing or personal interview, you will be contacted by telephone or mail. If, however, you are not selected for hire, you will receive a letter in the mail within a reasonable time frame.
5. If you wish to be considered for future positions, you must contact the Human Resources Division and your application and/or resume shall be pulled for the new opening. Applications are considered active for a period of time not to exceed 45 days.

AN EQUAL OPPORTUNITY EMPLOYER

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

TOWN OF FLOWER MOUND

**2121 Cross Timbers Road
Flower Mound, Texas 75028
TEL: (972) 874-6011
FAX: (972) 874-6450**

"Provide exceptional customer service to promote lasting success"

Town of Flower Mound
Application for Employment
An Equal Opportunity Employer

Please print in ink or type all information. Failure to answer all questions fully and accurately may result in loss of employment opportunities.

Position applying for: _____ Announcement #: _____
(Position Title Stated on Job Announcement)

Name: _____
Last First Middle (Former Last Name/Maiden Name)

Address: _____
Number & Street City State Zip Code

Work No. () Home No. () Cell/Pager No. ()

Date Available to Start Work: _____ E-mail Address: _____

I prefer to be notified about the status of my application by: U.S. Mail E-mail

Your educational record will be considered only to the extent that it is relevant to the position sought. All education listed is subject to verification.

Circle the highest grade completed: Grade School High School College Graduate School
1 2 3 4 5 6 7 8 9 10 11 12 (GED) 1 2 3 4 1 2 3 4

Name and Address of School(s) Attended (College, Graduate School, Business, Trade, Technical, etc.)	Hours Completed	Did you graduate?	Degree		Major Subject
			Type	Year	

Computer Skills: Windows MSWord Excel Access PowerPoint Other _____

Machines or Equipment Operated: _____

Special Licenses or Registrations: _____

Indicate any foreign languages you can speak, read, and/or write: _____

You may provide any additional information that you feel may be helpful to the Town in arriving at a decision concerning your qualifications for employment. Please also list reasons for any lapses in employment.

List your employment experience, **including military experience**, beginning with your current or last position. **This page may be copied if additional space is needed to account for all employment in the last ten (10) years.**

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No Later

EMPLOYER: _____ **Dates of Employment: From** / / **To** / /
mo./yr. mo./yr.

Address _____ Telephone No. () _____
Number & Street City State Zip Code

Position Title _____ Starting Salary \$ _____ Ending Salary \$ _____ Full Time

Supervisor's Name _____ Supervisor's Title _____ Part Time

Describe Your Duties _____ Seasonal

Reason for Leaving/Type of Military Discharge _____ Temporary

EMPLOYER: _____ **Dates of Employment: From** / / **To** / /
mo./yr. mo./yr.

Address _____ Telephone No. () _____
Number & Street City State Zip Code

Position Title _____ Starting Salary \$ _____ Ending Salary \$ _____ Full Time

Supervisor's Name _____ Supervisor's Title _____ Part Time

Describe Your Duties _____ Seasonal

Reason for Leaving/Type of Military Discharge _____ Temporary

EMPLOYER: _____ **Dates of Employment: From** / / **To** / /
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Address _____ Telephone No. () _____
Number & Street City State Zip Code

Position Title _____ Starting Salary \$ _____ Ending Salary \$ _____ Full Time

Supervisor's Name _____ Supervisor's Title _____ Part Time

Describe Your Duties _____ Seasonal

Reason for Leaving/Type of Military Discharge _____ Temporary

I certify 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 falsifications, misrepresentations or omissions of fact 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 Town's expense.

I understand and agree that employees are "at-will" and employment with the Town of Flower Mound 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 result of a reference and background check, and a post-offer medical examination and drug screen.

APPLICANT'S SIGNATURE _____ DATE _____



TOWN OF FLOWER MOUND

AUTHORIZATION FOR RELEASE OF PERSONAL DATA AND AUTHORIZATION TO CONDUCT MEDICAL EXAMINATION AND DRUG TESTS

I, the undersigned, hereby authorize and request any present or former employer, educational institution, organization, law enforcement agency, financial institution, consumer reporting agency, or other persons having personal knowledge concerning my work record, school record, driving record, military record, reputation, financial or credit status, criminal history, or copies of such documents to furnish the Town of Flower Mound and/or its representatives, with any and all information in their possession regarding these matters, in connection with an application for or retention of employment. Furthermore, I hereby release from liability and hold harmless all persons, organizations, agencies or institutions supplying this information to the Town of Flower Mound and/or its representatives. I also hereby release from liability and hold harmless the Town of Flower Mound, Texas, relative to any documentation released to it pursuant to this Authorization. A photocopy of this Authorization is as effective as the original.

I hereby authorize the Town of Flower Mound and its agents to conduct any medical examination they deem necessary. I hereby authorize the release to the Town of Flower Mound all results of any medical examinations performed by any doctors or clinics to which I have been referred. This information is authorized to be used by the Town of Flower Mound for the sole purpose of employment-related matters.

I hereby authorize the Town of Flower Mound and its agents to conduct any urine drug tests they deem necessary. I understand that proper "chain of custody" procedures shall be maintained and that the testing shall be conducted by a NIDA Certified laboratory. I hereby authorize the release to the Town of Flower Mound 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 Town of Flower Mound for the sole purpose of employment-related matters.

Applicant's Printed Name _____
Last First Middle

Applicant's Signature _____ Date _____

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

An Equal Opportunity Employer

TOWN OF FLOWER MOUND

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

The commitment of the Town of Flower Mound to a policy of equal employment opportunity requires that certain information be gathered and maintained for government record-keeping requirements only. This page will be detached from your application immediately upon receipt, and this information will not be used for making interviewing or hiring decisions. Your completion of this page is optional; refusing to provide this information will not affect the evaluation of your application. Your cooperation in this effort would, however, be greatly appreciated.

PLEASE PRINT OR TYPE:

Position Applying For: _____ Date: _____ Job #: _____
(Position Title Stated on Job Announcement)

Date of Birth: _____ Male Female

Race/National Origin:

- Caucasian/White Asian/Pacific Islander
 Black/Non Hispanic American Indian/Alaskan Native
 Hispanic Other _____

Education Level: Circle Highest Grade Completed:

Grade School High School College Graduate School
1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

How did you find out about this vacancy?

- Professional Organization Walk-In Town Employee
 Job Fair / Recruiter Friend or Relative College, School
 Newspaper _____ Internet Other _____