



City of Celina Employment Application

The City of Celina is an Equal Opportunity Employer. It is our policy to comply with all Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

Applications are accepted for current openings only

Position Applying For:

Date of Application:

Pay Rate Desired:

How did you learn about the position opening? Friend/Relative Walk-in Celina Record City Website: Indeed.com
 TML Other Intranet site: _____

PERSONAL DATA

Last Name	First Name	Middle	
Address	City	State	ZIP
Email Address	Primary Phone:	Mobile Phone:	

Driver's License Number	State	Class	Expiration Date
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of citizenship or immigration status required within 3 days of employment.)			
List any relative, cohabitant, or roommates currently working for the City of Celina:			
Name	Department	Relationship	
_____	_____	_____	
_____	_____	_____	
Have you been convicted of a felony or misdemeanor in the past 7 years, excluding minor traffic violations, which has not been annulled, expunged or sealed by the court? Conviction includes any guilty or no-contest plea or verdict, or finding of guilt, regardless of what sentence was imposed. (A conviction record will not necessarily be a bar from employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe in detail: _____			

Were you previously employed by this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list dates and department: _____			

EDUCATION AND TRAINING

Education	Name and Location of School	Did you graduate?	Degree Received
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diploma <input type="checkbox"/> GED Highest Grade: Completed: _____
Trade School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Bachelor's Major: _____ <input type="checkbox"/> Master's Major: _____ <input type="checkbox"/> PhD Major: _____

Describe any special qualifications, skills, licenses, certificates, or other relevant training: _____

EMPLOYMENT HISTORY

In the space provided below give your employment history for the last 10 years, beginning with your PRESENT or most recent employer. List all positions held, including military, part-time, summer and volunteer work. Details on any period of unemployment must be included. If additional space is required, please attach additional sheets using the same format.

EMPLOYER: _____ ADDRESS: _____ _____ TELEPHONE.: _____ SUPERVISOR: _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> No	DATES EMPLOYED START: _____ SEPARATION: _____ HOURLY RATE/SALARY STARTING: _____ FINAL: _____ REASON FOR LEAVING: _____ _____	JOB TITLE: _____ DUTIES PERFORMED: _____ _____ _____ _____ _____
EMPLOYER: _____ ADDRESS: _____ _____ TELEPHONE.: _____ SUPERVISOR: _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED START: _____ SEPARATION: _____ HOURLY RATE/SALARY STARTING: _____ FINAL: _____ REASON FOR LEAVING: _____ _____	JOB TITLE: _____ DUTIES PERFORMED: _____ _____ _____ _____ _____
EMPLOYER: _____ ADDRESS: _____ _____ TELEPHONE.: _____ SUPERVISOR: _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED START: _____ SEPARATION: _____ HOURLY RATE/SALARY STARTING: _____ FINAL: _____ REASON FOR LEAVING: _____ _____	JOB TITLE: _____ DUTIES PERFORMED: _____ _____ _____ _____ _____
EMPLOYER: _____ ADDRESS: _____ _____ TELEPHONE NO.: _____ SUPERVISOR: _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED START: _____ SEPARATION: _____ HOURLY RATE/SALARY STARTING: _____ FINAL: _____ REASON FOR LEAVING: _____ _____	JOB TITLE: _____ DUTIES PERFORMED: _____ _____ _____ _____ _____

CERTIFICATION and ACKNOWLEDGEMENT: I certify that the information in my application for employment is true and complete to the best of my knowledge. I understand that any incorrect, incomplete, exaggerated or false information furnished by me will subject me to disqualification or to discharge from employment at any time. Further, I understand and acknowledge that any employment relationship with the City of Celina is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge the employee at any time with or without cause or notice. I further understand that this "at will" employment relationship may not be changed by any expressed or implied contract.

AUTHORIZATION: I authorize my current and former employer(s) and character references to release any information regarding my employment. I hereby authorize the City of Celina to make any investigation of my background as is deemed necessary to verify my qualifications for the position for which I am applying.

 Applicant Signature _____
 Date

Return this application to:
City Of Celina Human Resources, 302 W. Walnut Street Celina , TX 75009
Telephone (972) 382-2682 Fax Number (972) 382-3736

Optional Employment Application Supplement

The City of Celina is committed to equal employment opportunities. In order to comply with federal EEO reporting requirements, we ask for OPTIONAL information noted below for statistical reporting. If you choose to complete this OPTIONAL information, it is for Human Resources ONLY and IS NOT attached nor forwarded to the hiring manager as part of consideration for employment, nor is it used in any future employment decision.

Last Name:	First Name:	Date Applied:
Position for which you applied:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other		
Military Service: <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran Served: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve/Nat'l Guard		

*NOTE: For purposes of racial statistical tabulation, the following categories are used:

American Indian: includes persons who identify themselves or are known as such by virtue of tribal association

Asian/Pacific Islander: includes persons of Japanese, Chinese, Korean or Filipino descent

Black: includes persons of African descent, as well as those identified as Jamaican, Trinidadian, and West Indian descent

Hispanic: includes all persons of Mexican, Puerto Rican, Cuban, Latin American, or Spanish descent

White: includes person of Indo-European descent

Other- includes Eskimos, Malayans, Pakistani and East Indian persons, Thais, and other not covered above

Authorization to Obtain a Consumer Credit Report and Release of Information for Employment Purposes

In connection with my application for employment, I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, are to be made on me may include, but are not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; military history, criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; consumer credit history, and any other public records pertaining to me which an individual, company, firm, corporation or public agency may have.

I, _____, understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize, without reservation, and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish the City of Celina or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I further release these agencies from any and all liability for damages arising from the investigation and disclosure of the employees and other persons, who, in good faith provide the above mentioned information as requested, in order to successfully complete a background investigation for my application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my perspective employer from a Consumer Reporting Agency. Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and the scope of the investigation as well as the name of the reporting agency or sources of information.

Print Full Name: _____

Social Security: _____

Current Address: _____

City/State/Zip _____

Drivers License # _____ State _____

Applicant's Signature: _____

Please list all misdemeanor and felony criminal matters, other than minor traffic safety violations for which no arrest was made, in which you were convicted, served probation, participated in deferred adjudication or other program to avoid a conviction, or made restitution or participated in pre-trial diversion or other program to avoid prosecution.

Current Candidate Status – please check only what applies to your current status,

- 1. Firefighter/Paramedic** - currently employed full time with a professional fire suppression and EMS organization.
- 2. Firefighter/Paramedic** – currently part time employed by a professional fire suppression and EMS organization.
- 3. Firefighter /Paramedic** – Currently **not** employed by a professional fire and EMS organization.
- 4. Firefighter/EMT** – Currently enrolled in Paramedic School and employed with a professional fire suppression and EMS organization.
- 5. Firefighter /EMT** - currently employed full time with a professional fire suppression and EMS organization.
- 6. Firefighter/EMT** - Currently **not** employed by a professional fire and EMS organization.