

City of White Settlement
Employment Application



Human Resources Department
214 Meadow Park Drive
White Settlement, TX 76108
Website: www.new.wstx.us/employment
Phone: 817-246-4971 Fax: 817-367-0885

The City of White Settlement is a drug free workplace
and an Equal Opportunity Employer

Position Desired

Applicant Must Complete

Position Desired: _____ **Date Available:** _____

Type of Employment Desired: Part Time Full Time

Personal Information

Please note: Print in ink or type. Complete all sections.

Last Name: _____ **First Name:** _____ **M.I.** _____

Street Address: _____ **City:** _____ **State/Zip** _____

Home Phone: () _____ **Alternate or Cell Phone:** () _____

E-mail Address: _____

Do you have a valid TX Driver's License? Yes No **Class:** _____ **CDL?** Yes No

Have you ever served in the military? Yes No **Dates of service** _____

Do you speak any other language(s)? Yes No **Specify** _____

Do you have the legal right to obtain employment in the United States? Yes No

Can you perform the essential functions and responsibilities of the position for which you are applying? Yes No

If not, explain: _____

Do you require any special accomodation to perform required duties? Yes No
If yes, explain: _____

Have you ever worked for the City of White Settlement? Yes No
If so, give date(s) of employment and position(s) held: _____

Do any of your relatives work for or hold an elective office for the City of White Settlement? Yes No
If Yes, State their name _____

List any current licenses, certifications, or registrations required for the position for which you are applying. Include date received.

Education & Skills

Level of education completed: High School GED College 0-3 yrs Degree : Assoc Bachelor Masters
If degree, specify major: _____

Software Applications: _____

Typing WPM: _____

You may attach a copy of your resume to this application; however we require that the Experience Fields be completed on the application.

Experience

List last 5 years of work experience

From:	Month	Year	To:	Month	Year	Beginning Salary \$	Ending Salary \$	
Name of Employer:						May we contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Address:			City:		State/Zip:			
Supervisor's Name:						Phone Number: ()		
Your Job Title:								
Duties Performed:								
Reason for Leaving:								

Experience

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