

**CITY OF MONAHANS**  
**112 W. 2<sup>ND</sup> St.**  
**MONAHANS, TX 79756**  
**(432) 943-4343**  
 Rev. 3/2023

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position Applied For	Date of Application
How did you learn about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Employee
Other _____	

Last Name:	First Name:	Middle Name:	
Address Number:	Street:	City:	State:
Telephone Number(s):		Social Security Number:	
		Zip:	

If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_ Yes \_\_\_ No

Have you ever filed an application with us before? \_\_\_ Yes \_\_\_ No  
 If Yes, give date. \_\_\_\_\_

Have you ever been employed with us before? \_\_\_ Yes \_\_\_ No  
 If Yes, give date. \_\_\_\_\_

Are you currently employed? \_\_\_ Yes \_\_\_ No

May we contact your employer? \_\_\_ Yes \_\_\_ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_ Yes \_\_\_ No  
 (Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Are you able to work: \_\_\_Full Time \_\_\_Part Time \_\_\_Shift Work \_\_\_Temporary

Can you travel if the job requires it? \_\_\_Yes\_\_\_No

Have you been convicted of a felony or misdemeanor? \_\_\_Yes\_\_\_No

If Yes, describe in detail. \_\_\_\_\_

Do you possess a valid driver's license?

If Yes, Type \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_

Do you have any physical limitations that preclude you from performing the duties of the job for which you are applying. \_\_\_Yes\_\_\_No

If Yes, what can be done to accommodate your limitation?

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

EDUCATION	Name and Location of School	No. of Years	Did You Graduate?	Subjects Studied
High School/GED				
College				
Trade, Business or Correspondence School				

Describe any specialized training, skills, or extra-curricular activities:
Describe any honors or awards you have received:
State any additional information you feel may be helpful in considering your application:

**U.S. MILITARY or NAVAL SERVICE:** \_\_\_ Yes \_\_\_ No      If Yes, describe

**CAN YOU SPEAK, READ, or WRITE IN ANY FOREIGN LANGUAGES?**      \_\_\_ Yes \_\_\_ No  
 If Yes, what language(s)? \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status. **Employment for the last ten (10) years to be included.** If you need additional space, continue on a separate sheet of paper.

<b>EMPLOYER #1</b>		<b>Dates Employed</b>	<b>WORK PERFORMED</b>
Name		From                      To	
Address			
City/State		Hourly Rate/Salary	
		Starting/Final	
Phone No.			
Job Title	Supervisor		
Reason for Leaving			
<b>EMPLOYER #2</b>		<b>Dates Employed</b>	<b>WORK PERFORMED</b>
Name		From                      To	
Address			
City/State		Hourly Rate/Salary	
		Starting/Final	
Phone No.			
Job Title	Supervisor		
Reason for Leaving			
<b>EMPLOYER #3</b>		<b>Dates Employed</b>	<b>WORK PERFORMED</b>
Name		From                      To	
Address			
City/State		Hourly Rate/Salary	
		Starting/Final	
Phone No.			
Job Title	Supervisor		
Reason for Leaving			

REFERENCES

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a time period not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Monahans is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the City of Monahans.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Monahans.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**CITY OF MONAHANS**

**PRE-EMPLOYMENT  
DRUG SCREEN CONSENT FORM**

In an effort to meet our commitment to maintain a safe and healthy workplace, the **City of Monahans** has integrated a urinalysis drug screen test into its job application process. It is the policy of the **City of Monahans** not to hire or rehire persons who use any narcotic or dangerous drugs without a medically acceptable prescription, in any amount regardless of frequency or reason.

I (applicant) \_\_\_\_\_ hereby voluntarily consent to a drug screen test that shall be used to test for Cannabinoids (Marijuana), Cocaine, Heroin, Codeine, Morphine, Phencyclidine (PCP), Amphetamines, and Barbiturates.

I further certify that I have not used any of the above substances in the past twelve months.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**CITY OF MONAHANS**

**SPECIALIZED EMPLOYMENT REQUIREMENTS**

Due to state regulated licensing requirements, the following listed positions of employment have additional employment criteria.

**POLICE OFFICER** - Must meet all requirements for licensing as mandated by the Texas Commission on Law Enforcement Standards and Education.

**POLICE DISPATCHER**- Must be able to meet all requirements for certifying as a telecommunications operator.

**VEHICLE OPERATORS** - All applicants that may operate a City of Monahans vehicle must meet the City's insurance carrier guidelines for insurability. All applicants that may operate a vehicle classified as commercial by the Texas Department of Public Safety must possess and maintain a valid state issued Commercial Driver's License (CDL).

**WATER/WASTEWATER OPERATORS** - All applicants must be able to meet all requirements for certificates by TCEQ.

**MUNICIPAL SOLID WASTE OPERATORS** -All applicants must be able to meet all requirements for certificates by TCEQ.

**CODE ENFORCEMENT/INSPECTION** - All applicants must be able to meet all requirements for certificates by the State of Texas.

If the position you are applying for is described above, indicate acknowledgment of this statement by signature.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**DPS Computerized Criminal History (CCH) Verification  
(AGENCY COPY)**

I, \_\_\_\_\_, acknowledge that a Computerized Criminal  
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us](http://www.txdps.state.tx.us) /Crime Records/Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>		
CCH Report Printed:		
YES	NO	initial
Purpose of CCH:		
Empl	Vol/Contractor	initial
Date Printed:		initial
Destroyed Date:		initial
<b>Retain in your files</b>		

Rev. 09/2015





**CITY OF MONAHANS**

**AUTHORIZATION TO RELEASE INFORMATION**

I have applied for a position with the City of Monahans.

I have been requested to provide information for their use in reviewing my background and qualifications. Therefore, I hereby authorize the investigation of my past and present work, character, education, military and employment qualifications. The release in any manner of all information by your is hereby authorized whether such information is of record or not, and I do hereby release all persons, agencies, firms, companies, etc., from any damages resulting from providing such information.

This authorization is valid for 60 days from the date below.

Please keep this copy of my release for your files.

Thank you.

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

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

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_