



## TOWN OF ARGYLE APPLICATION FOR EMPLOYMENT

Applications may be returned via mail, fax or email to:  
 Town of Argyle, PO Box 609, Argyle, TX 76226  
[kgilbert@argyletx.com](mailto:kgilbert@argyletx.com) Fax: 940-464-7274

<b>Last Name</b>		<b>M.I.</b>	<b>First Name</b>	
<b>Address (Street)</b>			<b>APT.#</b>	<b>Telephone</b> ( )
<b>Town /State</b>	<b>ZIP Code</b>	<b>Alternate Phone Number</b> ( )		<b>Social Security Number</b>
<b>Email Address:</b>				

<b>Position Desired:</b>		<b>How did you learn about the position?</b>		
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Desired Salary:</b>		
Have you ever been employed by the Town of Argyle? If so, when?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a legal right to live and work in the U.S.A.?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a current Texas Drivers License? If so show number and type(i.e. class C, B, CDL...).				
<b>License Number</b>		<b>Type of License</b>		
Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No		Honorable Discharge <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Type of Military Training</b>				
Have you ever been convicted of a Felony or a DWI? <input type="checkbox"/> Yes <input type="checkbox"/> No (Conviction will not necessarily disqualify you from employment)				
<b>What Counties/States</b>				
<b>If the position for which you are applying requires operation of a motor vehicle, list any traffic violations occurring during the past 5 years:</b>				

**EDUCATION:** Please describe below any education or training you have received which qualifies you for the job you are applying. (Transcripts may be required).

<b>High School/GED:</b> (name)	(city)	(state)	(date graduated)	(degree held)
<b>College:</b> (name)	(city)	(state)	(date graduated)	(degree held)
<b>Other:</b> (name)	(city)	(state)	(date graduated)	(degree held)
<b>Postgraduate studies:</b> (name)	(city)	(state)	(date graduated)	(degree held)
<b>Licenses held:</b>		<b>Expiration date:</b>		
<b>Licenses held:</b>		<b>Expiration date:</b>		
<b>Certifications held:</b>		<b>Expiration date:</b>		
<b>Certifications held:</b>		<b>Expiration date:</b>		
<b>Languages fluent in:</b>				
<b>Other certifications:</b>				

Last Name:

First Name:

**PRESENT OR MOST RECENT JOB:** Complete the following, do not say “see resume.” Start with your most recent employment and work back. Be sure to include employer’s mailing address. List employment for previous 10 years.

<b>1</b>	Former or Current Employer			Type of Business		
	Address			City	State	Zip Code
Dates Employed		Salary		Supervisor Name		Phone Number
From:	To:	From:	To:			
Job Title				Reason for Leaving		
May we contact your present employer regarding your character, qualifications, and record of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Description of Duties:						

<b>2</b>	Former or Current Employer			Type of Business		
	Address			City	State	Zip Code
Dates Employed		Salary		Supervisor Name		Phone Number
From:	To:	From:	To:			
Job Title				Reason for Leaving		
May we contact your present employer regarding your character, qualifications, and record of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Description of Duties:						

<b>3</b>	Former or Current Employer			Type of Business		
	Address			City	State	Zip Code
Dates Employed		Salary		Supervisor Name		Phone Number
From:	To:	From:	To:			
Job Title				Reason for Leaving		
May we contact your present employer regarding your character, qualifications, and record of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Description of Duties:						

(Attach additional sheets if necessary)

**Last Name:**

**First Name:**

**References:** Include supervisors and persons **we may contact** to verify your performance and qualifications.

<b>1</b>	Name:	Occupation:
Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Organization:
Mailing Address:		Daytime Phone:

<b>2</b>	Name:	Occupation:
Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Organization:
Mailing Address:		Daytime Phone:

<b>3</b>	Name:	Occupation:
Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Organization:
Mailing Address:		Daytime Phone:

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY, THEN SIGN AND DATE BELOW.**

**ACCURACY OF INFORMATION:** Please review each page to make sure all parts are accurate and complete. I understand that my eligibility will be based on the information contained on this application.

**FALSIFICATION OF INFORMATION:** I hereby certify that all statements made on this application are true and correct and I understand that any false statement made by me on this application could cause me to be ineligible for employment or terminated from employment. Further, I understand that I am required to abide by all rules and regulations of the employer.

**VERIFICATION OF INFORMATION:** I authorize the Town of Argyle to investigate and verify the facts claimed by me on this application. I further authorize my former employers to provide any information requested by the Town of Argyle.

**EMPLOYMENT AT WILL:** I understand that nothing in this Application, or in any prior or subsequent written or oral statement, creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by the Town, my employment will be at will, for an indefinite period of time and may be terminated at any time, with or without cause or notice, at the option of the Town or myself. I understand that I have the right to end my employment at any time and that the Town retains that same right. I also understand that no one has the authority to enter into any contract, agreement or modification of the foregoing unless such contract, agreement or modification is in writing and signed by the Town Manager of the Town of Argyle.

The Town of Argyle is an equal opportunity employer. If you have a disability that requires special needs in the employment process, please notify the ADA Coordinator 48 hrs. in advance at (940) 464-7273.

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

\_\_\_\_\_  
Date