

DATE: / /

POSITION:

NAME:



The City of Bedford

Application For Employment

(www.bedfordtx.gov)

Statement of Equal Employment Opportunity: The City of Bedford will not discriminate against any applicant for employment because of race, color, religion, sex, sexual orientation, age, national origin, physical or mental disabilities or because they are disabled veterans or veterans of the Vietnam era.

Instructions to Applicant: Thank you for your interest in employment opportunities within the City of Bedford. In order for us to successfully process this application, we ask that you print clearly and use ink. Please answer all questions. We cannot process an incomplete application. If you require accommodations to complete this application or any pre-employment assessments, please notify the Human Resources Department.

Note: Applications must be mailed or submitted in person (Location below). One application per position and original signatures are required.

Personal

Last Name		First	Middle	Date
				Email:
Street Address				Home Telephone
				()
City, State, Zip				Business Telephone
				()
Have you ever applied for employment with us?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Alternate Telephone
If Yes, Month and Year _____		Location _____		()
Position Desired		Will you work overtime if asked?		Social Security Number
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to work:				If temporary/seasonal or shift, specify availability.
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift <input type="checkbox"/> Temporary/Seasonal				
Are you legally eligible for employment in the United States?				When will you be available to begin work?
Have you ever been convicted of a misdemeanor or a felony other than minor traffic violations?				If you have been convicted of a misdemeanor or felony, in what counties/states?
<input type="checkbox"/> Yes <input type="checkbox"/> No (Convictions will not necessarily disqualify you for employment)				

The City of Bedford is an Equal Opportunity/Affirmative Action Employer

Applications may be mailed to:
 City of Bedford
 Human Resources Department
 2000 Forest Ridge – Building B
 Bedford, TX 76021

The Human Resources Department is located in City Hall Complex – Building B.
 Hours of operation are Monday through Friday, 8:00am - 5:00pm.

Employment History

Please give accurate, complete full-time and part-time employment records for the last seven (7) years. Use additional sheets of paper if necessary. Start with your present or most recent employer. **Do not write "see resume"**.

1. Name of Employer	Date Hired	Starting Rate of Pay
Address	Starting Position	Date Left
City, State, Zip	Last Position Held	Ending Rate of Pay
Phone Number ()	Name and Title of Immediate Supervisor	
Reason for Leaving		

2. Name of Employer	Date Hired	Starting Rate of Pay
Address	Starting Position	Date Left
City, State, Zip	Last Position Held	Ending Rate of Pay
Phone Number ()	Name and Title of Immediate Supervisor	
Reason for Leaving		

3. Name of Employer	Date Hired	Starting Rate of Pay
Address	Starting Position	Date Left
City, State, Zip	Last Position Held	Ending Rate of Pay
Phone Number ()	Name and Title of Immediate Supervisor	
Reason for Leaving		

4. Name of Employer	Date Hired	Starting Rate of Pay
Address	Starting Position	Date Left
City, State, Zip	Last Position Held	Ending Rate of Pay
Phone Number ()	Name and Title of Immediate Supervisor	
Reason for Leaving		

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Name(s) _____ Reason _____ Have you been discharged or asked to resign from any job within the last seven (7) years? If so, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No

Education

	High School	Undergraduate College/University	Trade or Technical School	Graduate/Professional
School Name and Location				
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				

Military Service

Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what Branch?
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Describe any job-related training received in the United States Military.

Miscellaneous

List any professional certificate / license or professional memberships related to the position for which you are applying. Also, list any foreign language skills you possess that may be of benefit in this position.

Do you have any relatives working for the City of Bedford? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give name(s).	Have you ever worked for the City of Bedford? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and under what name?
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Business References

Name and Title	Company	Phone Number
		()
		()
		()

Certification and Agreement

Please Read Carefully Before Signing:

I certify that the information contained in this application is true and correct to the best of my knowledge and understand that any false statement or omission on this application will be grounds for rejection of my application, or if employed, dismissal. I further understand that The City of Bedford is an at-will employer and that this application document is not a contract for employment.

- I consent and authorize the City of Bedford to conduct an investigation, including, but not limited to, verification of employment-related information. I authorize my former employers, schools and business references to provide any information they have regarding me and release them from any and all liability resulting from the release of such information to the City of Bedford. I understand that the information provided in this application will be used solely for determining my eligibility for employment.
- I understand that in accordance with the City of Bedford's Drug Free Workplace Policy, all applicants being considered for employment must satisfactorily pass a urine test for the purpose of determining the presence of illegal drugs or alcohol abuse.
- I understand that if an offer of employment is made, I must provide documentation evidencing my eligibility for employment in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.
- I also understand and agree that if employed by the City of Bedford, I will be an employee-at-will. As an employee-at-will: (1) either the City of Bedford or I may terminate the employment relationship at any time, with or without cause; and, (2) there is no agreement, expressed or implied, between the City of Bedford and me for any specific period of employment or for continuing or long term employment. I understand that if hired, my at-will employment with the City of Bedford may only be modified by a separate written document signed by the City Manager and me.
- I consent and authorize the City of Bedford to solicit information about my background, including, but not limited to, information about my driving record, criminal record, and general public record history. I understand that I am entitled to be advised of the nature and scope of the investigation required within a reasonable time after I ask for this information in writing. I release the City of Bedford, its respective employees and agents, and all persons, agencies, and entities providing information or reports about me from any and all liabilities arising out of the release of such information and reports.
- I agree that if terminated from employment, I will participate in mediation before seeking litigation for any civil claims under the law.
- I further agree that in the event civil litigation is pursued, I will waive my right to a jury trial.
- If employment is obtained under this application, I will comply with all policies and regulations of the City of Bedford. I agree to be responsible for city property and equipment issued to me by the City of Bedford until returned by me and to pay for property and equipment not returned. I agree to submit to drug/alcohol tests (random or otherwise) and additional background checks (criminal, credit and motor vehicle), if required by the city.

Applicant Signature

Date



Notice to Job Applicants of the City of Bedford's Alcohol and Substance Abuse Screening Policy and Agreement

I acknowledge that I have been informed that the City of Bedford (the City) requires each job applicant, as a condition of employment, to submit to a urine or other testing procedures for controlled substances and alcohol. These procedures will be conducted by the City's medical facility and paid for by the City.

I agree to submit to such tests and hereby authorize release and disclosure of the results to the City. Prior to taking such tests or examinations, I will declare any prescribed control substances that I am taking as well as any over-the-counter medications.

I further acknowledge that any test results which show the presence of a controlled substance in the absence of a medically acceptable prescription will result in denial of employment or dismissal, once employed. Any test results which show the presence of alcohol will result in denial of employment or discipline up to and including possible dismissal, once employed. Any initial positive test result on urine will automatically be confirmed by running a gas chromatography/mass spectrometry (GC/MS) test on the same sample. No positive test result will be released unless or until it is confirmed by the GC/MS test. After a confirmed positive test result, an employee or applicant may, at their own expense, have a third test conducted on the same sample at a laboratory selected by the City. Any employment actions taken as a result of a confirmed positive test result can be addressed under the City's grievance procedure contained in the Personnel Policies.

I agree to sign any documents that may be necessary to consent to the testing and to permit release of and disclosure to the City of any medical examination or medical tests for controlled substances or alcohol. The failure to sign such documents will result in denial of employment or dismissal, once employed.

While I am employed with the City, I agree as a condition to my continued employment to submit to any additional examinations or tests required by said policies, rules and regulations. This includes but is not limited to unannounced random controlled substances and alcohol tests or examinations. I hereby authorize release and disclosure of the results of such tests or examinations to the City.

I hereby release and hold harmless the laboratory and any person(s) involved with the taking of such specimens from any liability arising from the taking of fluids and for any ill effects that may result from the substance testing procedures.

I have read the foregoing agreement. I understand that I may refuse to sign this document; however, my refusal will result in rejection of my application for employment. I have thoroughly read the forgoing and hereby consent to its terms. I understand that my compliance with such terms is a condition of continued employment with the City of Bedford and that employment is At-will.

Signature of Applicant

Printed Name of Applicant

Date Signed



The City of Bedford

Equal Employment Opportunity Form

Applicant Information

Full Name:

Last First M.I.

Address:

Street Address

Apartment /Unit # _____

City State

Zip Code _____

Preferred Phone: () _____ Date: _____

Position Applied for:

Race/Ethnicity & Gender Information

*This information is being requested in accordance with federal regulations. It is needed for compliance with The City of Bedford's Affirmative Action Plan. The information is **voluntary and will not be used** when considering you for employment with our company.*

Gender

Female# Male#

Check One:

Hispanic Not Hispanic

Check One: (only if Not Hispanic)

Asian Black/African American Native American/Alaskan Native

Two or more Races White Native Hawaiian/Pacific Islander

Decline to participate

How did you hear about this position?

Newspaper City of Bedford Website Professional Publication

Job Fair Placement Office Company Employee Referral Site

Walk In Internet site: _____ Other: _____

Please forward this completed form to Human Resources

NOTICE TO JOB APPLICANTS

Your prospective employer has contracted with *First Check* Employee Screening Services, Inc., a Texas licensed, Private Investigations Agency to verify certain information contained in your application for employment, conditional job offer or provided by you during the interview process. The information requested below is necessary to complete this task. This information is **NOT** a part of the application for employment and will be used for the sole purpose of verification of information, and or statements made by you. **Please complete ALL information requested.**

Consent Document

APPLICANT'S LEGAL NAME:

Last Name First M.I.

CURRENT HOME ADDRESS:

Street City/State Zip

DATE OF BIRTH: SOCIAL SECURITY #

Month/Day/Year

DRIVER'S LICENSE #: STATE:

RESIDENTIAL HISTORY: LIST ALL RESIDENTIAL ADDRESSES IN THE LAST 7 YEARS

Address	City	State	Zip	From:	To:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

It is possible that your employment may be determined in whole or in part by your prospective employer using data from a report supplied by *FirstCheck* Employee Screening Services, Inc., 1500 Corporate Circle Ste. 16 Southlake, Texas 76092. Pursuant to Section 609 of the Fair Credit Reporting Act, you may be entitled to a copy of this report.

APPLICANT CONSENT: I understand and agree that FirstCheck Employee Screening Services, Inc, will verify all or part of the information I have given my prospective employer. I understand that this verification may include an inquiry into my credit history, motor vehicle driving record, criminal and civil records, prior employment (including contacting prior employers), education (degree, GPA and attendance) as well as other public record information. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application for employment.

APPLICANT SIGNATURE: _____ DATE: _____

Human Resources – Questions & Answers

Q. When will I be contacted about an interview?

A. Human Resources serves as a collection point for all employment applications. Once we receive an application we forward it to the department that has the vacancy. That department, in turn, will contact applicants that they feel are most qualified for an interview. Our goal is to fill all vacancies as quickly as possible.

Q. Why can't I just submit a resume instead of filling out an application?

A. Because the application is the City's official employment document, we require that a completed application be submitted for each position that the employee wishes to apply for.

Q. Why do I have to fill out an application for each position that I want to apply for?

A. Because The City of Bedford is an affirmative action employer, we require (for record keeping purposes) a separate application for each position an applicant is applying for. Also, it is likely that the vacancies are in different departments, therefore, an application filled out for multiple vacancies may not be forwarded out of the department it was originally sent to.

Q. What does it mean when a job posting has a "closing date"?

A. This means that applications will be accepted through 5 p.m. on the closing date. Applications submitted and/or received after the closing date will not be forwarded to the interviewing department. NOTE: If an application is postmarked before the closing date it will be considered as received within the appropriate time frame.

Q. What does it mean if there is no closing date listed on the application?

A. This means that the department will accept applications until the position is filled.

Q. If typing skills are a job requirement, will I be given a typing test?

A. Yes, you will be given a typing test only if you are called in for an interview. If a typing test is administered, you must pass the test in order to be interviewed.

Q. What are the guidelines for violations on a Texas Drivers License with regard to an applicant?

- A.**
1. No more than two moving violations and /or accidents recorded against the applicant's drivers license by any licensing agency within the preceding 24 month period and
 2. No more than four moving violations and/or accidents recorded against the applicant's drivers license by any licensing agency within the preceding 36 month period and
 3. No DWI or DUID conviction during the preceding 36 month period.

Q. Can I follow up with a phone call to the interviewing supervisor to make sure my application was received?

A. If a contact name and phone number appears on the job posting you may feel free to contact that person regarding the status of your application. If no contact information appears on the job posting, that means that the interviewing supervisor does not wish applicants to contact him/her regarding the status of an application. Human Resources staff will honor that request and will not give out that information to job applicants. Human Resources will forward all job applications on the day that they are received.

Q. How may I submit an application for employment?

A. Applications may be submitted to Human Resources by mail, in person or over the fax machine. Specific information is located at the bottom of the employment application.

Q. Will I be notified when the position that I applied for is filled?

A. Unfortunately, due to the high volume of applications that we receive for each opening, we are unable to provide each applicant with a written notification that a position has been filled. However, you may check whether or not a position has been filled by accessing our city website at www.ci.bedford.tx.us or by accessing our 24 hour job line at 817-952-2121.

We thank you for your interest in employment opportunities with the City of Bedford

Statement Concerning Your Employment in a Job Not Covered by Social Security

Name of Applicant: _____

If hired, your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "*Windfall Elimination Provision.*"

Government Pension Offset Provision

Under the government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension. For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security ($\$500 - \$400 = \$100$). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "*Government Pension Offset.*"

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have read this information on Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits, if hired at the City of Bedford.

Signature of Applicant: _____ Date: _____

Form SSA-1945 (12-2004)

Information about Social Security Form SSA-1945



City of Bedford
Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date



Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱSection 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



City of Bedford
Veteran Self-Identification Form

Protected Veterans

Definition:

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or**
- A person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces services medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.



City of Bedford
Veteran Self-Identification Form

Self Identification

If you believe you belong to any of the categories of protected veterans listed on the previous page, please indicate by checking the appropriate box below.

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I identify as one or more of the classifications of protected veteran listed

Disabled Veteran

Recently separated veteran

Active wartime or campaign badge veteran

Date of discharge (mm/dd/yyyy)

Armed forces service medal veteran

I am a protected veteran, but I choose not to self-identify the classification to which I belong

I am not a protected veteran

I am not a veteran

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Your Name

Today's Date