



City Of Dublin Employment Application

These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. The City of Dublin is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but each copy must be signed. Resumes will not be accepted in lieu of applications, unless specifically stated in the job vacancy notice. Once submitted, this application becomes public record and is subject to disclosure.

Applicant Information

Application Date *

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	
Month		Day		Year	

Full Name *

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name

Address *

<input type="text"/>	
Street Address	
<input type="text"/>	
Street Address Line 2	
<input type="text"/>	<input type="text"/>
City	State / Province
<input type="text"/>	United States
Postal / Zip Code	Country

Phone Number *

Position You Are Applying For *

Date You Are Available to To Work *

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	
Month		Day		Year	

Type of Work *

- Full-Time
- Part-Time
- Seasonal/Temporary

Have you Ever Worked For The City Of Dublin? *

- Yes
- No

If Yes, When?

Are you Related To Any City Of Dublin Employee Or Elected Official? *

- Yes
- No

If Yes, Who?

Do You Have A Valid Driver's License? *

- Yes
- No

Type of License

- Class A
- Class B
- Class C

Driver's License Number *

Driver's License State *

Can You Show Proof Of Eligibility To Work In This Country? *

- Yes
- No

Are You Under 18 Years Of Age? *

- Yes
- No

Are You Willing To Take A Drug Test? *

- Yes
- No

Have You Ever Been Convicted Of A Felony? *

- Yes
- No

If Yes, Please Explain.

Conviction Will Not Necessarily Disqualify An Applicant From Employment

Have You Ever Been Charged With Or Arrested For A Criminal Offense? ? *

- Yes
- No

If Yes, Please Explain.

Conviction Will Not Necessarily Disqualify An Applicant From Employment

Education and Training

Please Include Undergraduate Colleges Or Universities, Graduate Schools And Technical, Vocational Or Business Schools. If You Need Additional Space, Please E-Mail That Additional Information To: dublinsecretary@ci.dublin.tx.us.

Name of High School *

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Number Of Years Attended *

Did You Graduate / Achieve GED? *

Yes

No

Higher Education Institution

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Number Of Years Attended

Did You Graduate?

Yes

No

Degree

Higher Education Institution

Address
Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Number Of Years Attended

Did You Graduate? Yes
 No

Degree

WORK HISTORY / EXPERIENCE

Include All Employment From The Previous 10 Years. Begin With Your Current Or Last Position And Work Back. You May Attach A Resume To This Application If You Wish, But You Must Fill Out This Section Fully Even If You Are Submitting A Resume. If You Need Additional Space, Please E-Mail That Additional Information To: dublinsecretary@ci.dublin.tx.us.

Employers Name (Most current)

Position Held


Supervisor's Name

Telephone

Reason for Departure

Duties

Start Date - - 
Month Day Year

End Date - - 
Month Day Year

May We Contact This Employer? (please check one)
 YES
 NO

If NO, Reason Why Not

(2) Employer's Name


Position Held


Supervisor's Name

Telephone

Reason for Departure

Duties

Start Date - - 
Month Day Year

End Date - - 
Month Day Year

May We Contact This Employer? (please check one)
 YES
 NO

If NO, Reason Why Not

(3) Employer's Name


Position Held


Supervisor's Name

Telephone

Reason for Departure

Duties

Start Date - - 
Month Day Year

End Date - - 
Month Day Year

May We Contact This Employer? (please check one)
 YES
 NO

If NO, Reason Why Not

Click Here to Upload Your Resume (Optional) No file chosen

MILITARY SERVICE

Branch

Date of Discharge - - 
Month Day Year

Rank At Discharge

Type Of Discharge

If Other Than Honorable, Explain

Professional References

Please List Three Professional References That Are Not Relatives

Reference (1) Name *

Reference (1) Telephone *

Relationship To Reference (1) *

Reference (2) Name *

Reference (2) Telephone *

Relationship To Reference (2) *

Reference (3) Name *

Reference (3) Telephone *

Relationship To Reference (3) *

Disclaimer And Signature

Read The Following Statements Carefully And Indicate Your Understanding And Acceptance By Completing The Required Fields and Signing In The Space Provided

PRE-EMPLOYMENT CONSENT FORM FOR SUBSTANCE TESTING

I hereby give my consent to a physical examination, including but not limited to the collection of blood, urine, or breath sample to be submitted for an alcohol, drug and controlled substance or any combination thereof, abuse screening test. Further, I hereby consent to the release of the test results to those city officials who make employment decisions for the City. I understand that any positive result from such test, like any other pre-employment investigation, which indicated my inability to satisfactorily perform the job for which I am applying will result in my not being considered further for employment. Furthermore, I understand that my failure to execute this voluntary consent will result in my not being considered further for employment.

Background Check Authorization

In accordance with the federal privacy act and other applicable laws and statues, I hereby authorize agents of the City of Dublin to make any and all necessary inquiries into my personal background history. I am aware and do consent that such inquiries will be made through appropriate background check agencies and that the report obtained as a result of said inquiry will contain detailed information about me. I am also aware, and do further consent and authorize, that such information obtained under this authorization will be used to evaluate my candidacy for employment with the City of Dublin.

Date of Birth *

- - 

Month Day Year

Social Security Number *

Current Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Previous Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party withor without notice, at any time, for any reason or no reason. No one other than an officer of the City has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

Applicant Signature *

Powered by [Jotform Sign](#) Clear

**Signature Of Guardian If
Under 18**



Powered by **Jotform Sign** Clear

Submit

