

COCKRELL HILL AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize: The City of Cockrell Hill and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education, or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties while fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educations institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, form any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there by any questions as to the validity of this release, you may contact me as indicated below:

Applicant Full Name:			
Social Security #:		Date of Birth:	_
Address:			
		Phone #: ()	
Applicant Notarized Signature	· 10		
		y of in and for <u>Dallas</u>	
	,	or in and for Danas	
County, in the State of <u>Texas</u> .	us,	ill and for <u>Dallas</u>	
N . D . H. C.			
N . D . H. C.	:-		
Notary Public Signature:			



City of Cockrell Hill
4125 W. Clarendon Drive
Cockrell Hill, Texas 75211 Office # (214)330-6333 Fax# (214)330-5483

Employment Application

	54 14	TS & TPS		App	olicar	nt Information	legiter, d	VB 7	Sel ALCO	
Full Name:								Date:		
un ramo.	Last			Firs	t		M.I.	Date.		
Address:									<u> </u>	
	Street Addre	ess ———————————————————————————————————							Apartment/Unit	#
	City						State		ZIP Code	
Phone:						Email				
Date Availab	ole:		Social	Security	y No.:		Desire	d Salary	:\$	
Position App	lied for:									
YES NO Are you a citizen of the United States?										
Have you ev	er worked	for this City	?	YES	NO	If yes, when?				
Do you or does your spouse have any relatives presently working for the City of Cockrell Hill?										
Have you evented been convicted military courted adjudication violations received and the country of the countr	ed of a cring or received (excluding quiring only	me, in a civi d a deferre minor traffi payment c	lian or d c of fine)	YES	NO 🗆	A criminal record doe employment, but will requirements.				
lf yes, explair	ı:									
West North			7.55.4 5.2			(1) 物质				5 5
l, agree to immediately notify the City of Cockrell Hill if I am convicted of,										
received deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.						nesty				

LW SUSTEEN	Edu	cation			
High School	: Address	s:			
From:	To: Did you graduate	YES	NO	Diploma:	
College:	Address	s:			
From:	To: Did you graduate	YES	NO	Degree:	
Other:	Address	s:			
From:	To: Did you graduate	YES	NO	Degree:	
	Refe	rences	ule L	A. 图 2. 多。 网络中国各种自己。 《中国中国主动	
Please list ti	hree professional and verifiable references.				
Full Name:				Relationship:	
Company:				Phone:	
Address:					
Full Name:				Relationship:	
•					
Address:					
Full Name:				Relationship:	
Company:				Dhana	
Address:					
13 15 15		JUST			
Are you on a	lay-off and subject to recall?				
Are you on a lay-off and subject to recall?					
ir yes, piease	e explain:				
H. SVIII.	Previous E	mploy	ment		
Company:					
Address:				Ownerstand	
Job Title:	Starting S	3alary:\$		Ending Salary:\$	
Responsibiliti	ies:				
	То:			aving:	
May we conta	act your previous supervisor for a reference?	YES	_	NO	

Company:				Phone:	
Address:			Supervisor:		
Job Title:	Starting S	Ending Salary:\$			
Responsibilities:					
From:	To:	Reason f	or Leaving:		
May we contact yo	our previous supervisor for a reference?	YES	NO		
Company:				Phone:	
				Supervisor:	
Job Title:	Starting S	Salary:\$		Ending Salary:	
Responsibilities:					
From:	To:	Reason fo	or Leaving:		
May we contact yo	our previous supervisor for a reference?	YES	NO		
	Special Qualifi	cations o	r Skille	11. 100 1600 1600 1600 1600 1600 1600 16	9 10
typing speed, abilit	and skills you may possess which are rec ty to operate specialized machinery or ec ave had which is directly related to the jol	uipment, or	profession	al registration or licensing. Indicat	
	Military	/ Service		新 5 March 19 L 人名英伊里克	
Branch:			From:	To:	
Rank at Discharge	:	Type of	Discharge:		
If other than honora	able, explain:				
			15 1 100		
Have you ever bee	n discharged from the armed forces und	er other tha	n honorable	conditions?	
If yes, please expla	ain:				

Applicant's Statement

I CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, COMPLETE, AND CORRECT 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. I understand that this application is not, and is not intended to be, a contract for employment.

I understand that if I am offered employment with the City of Cockrell Hill, I will be required to take a post-offer physical examination and/or drug test. Any offer of employment that I may receive will be conditioned upon the results of the post-offer physical examination and/or drug test.

In the event of employment, I understand, also, that I am required to abide by all rules and regulations of the City of Cockrell Hill.

I understand that any employment I may be offered with the City of Cockrell Hill will be at-will employment. At-will employment means that I would be able to resign and anytime for any reason and the City would be free to terminate my employment at any time for any reason.

Disclaimer and Signature

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

If this application leads to employment. I understand that false or misleading information in my application or

interview may result in my release.	oo or misiodaling misimalian in my approalian or
Signature:	Date: