PO Box 20 Wells, Texas 75976

Phone: (936) 867-4615 Fax: (936) 867-5060

## **City of Wells**

			<b>Applican</b>	t Inform	ation				
Full Name:	Last	First				Date:			
Physical	Lasi		rnst			101.11.			
Address:	Street Address						Apartment/Unit ‡	<del></del>	
Mailing									
Address:	City					State	ZIP Code		
Phone:				Email_					
Date Available:		Social Se		Desired Salary:					
Position Applied for:									
Are you a ci	tizen of the United Stat	es?	YES NO	If no, a	YES NO If no, are you authorized to work in the U.S.?				
Have you ev	ver worked for this com		YES NO	If yes,	If yes, when?				
				State:		License #			
YES NO Have you ever been convicted of a felony?									
If yes, explain:									
Education									
High School: Address:									
From:	To:	Did y	ou gradua	YES te?	NO	Diploma::			
College: Address:									
From:	To:	Did y	ou gradua	YES te?	NO	Degree:			
Other:			Addre	ss:					
From:	To:	Did y	ou graduat	YES te?	NO	Degree:			
			Milita	ry Servi	ce				
Branch:						From:	To:		
Rank at Discharge:			Туре	Type of Discharge:					
If other than honorable, explain:									

	References						
Please list three professional references.							
Full Name:	Relationship:						
Company:	Phone:						
Address:							
Full Name:	Relationship:						
Company:	Phone:						
Address:							
Full Name:	Relationship:						
Compone	Phone:						
Address:							
	Previous Employment						
Company:	Phone:						
Address:	Supervisor:						
Job Title:	Starting Salary: \$ Ending Salary: \$						
Responsibilities:							
From: To:	Reason for Leaving:						
May we contact your previous supervisor for	YES NO a reference?						
Company:	Phone:						
Address:	Supervisor:						
Job Title:	Starting Salary: <u>\$</u> Ending Salary: <u>\$</u>						
Responsibilities:							
From: To:	Reason for Leaving:						
May we contact your previous supervisor for	YES NO a reference?						
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.							
· · · · · · · · · · · · · · · · · · ·	Date:						

I verify that this is my electronic signature.