

# CITY OF ARP



**PUBLIC  
WORKS**

# APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

## **INSTRUCTIONS**

In order for your application to be considered you must meet all the requirements set forth by the Arp Public Works Department as well as the City of Arp.

1. DO NOT LEAVE ANY QUESTION BLANK. If a question does not apply to you simply mark it N/A
2. Please print legibly unless otherwise directed in the instructions.
3. Use additional sheets if you run out of room, or there are not enough blanks. Make sure that we can easily tell which question you are answering.

## **QUALIFICATIONS**

1. You must be at least 18 years of age.
2. You must complete the application.
3. You must have 20/20 correctable vision.
4. You must be able to complete all testing and licensing requirements set forth by the TCEQ
5. You must have a valid Texas Driver's License.
6. You must not have ever been convicted of a felony nor charged with assault against a family member.
7. You must be a citizen of Texas
8. You must have a high school diploma or a G.E.D.

## **REQUIREMENTS**

1. You will be required to go through an oral interview.
2. You will be required to pass a 3 month probation period.
3. You will be required to work a certain amount of hours per week.

Completed applications may be returned to: Arp Public Works Department  
109 W. Longview (State Highway 135)

Or mailed to: Arp Public Works Department  
P.O. Box 68  
Arp, Texas 75750 **Attention: Dale Brown Arp Public Works Director.**

**APPLICATION FOR EMPLOYMENT**

**LAST NAME:** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_ **MIDDLE NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SOCIAL SECURITY NO.** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_ **OTHER PHONE:** \_\_\_\_\_

**POSTION APPLIED FOR:** \_\_\_\_\_

**DATE OF APPLICATION:** \_\_\_\_\_

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**OFFICE USE ONLY DO NOT WRITE BELOW LINE**

**THE CITY OF ARP**

ARP, TEXAS 75750

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

SPECIAL SCHOOLS \_\_\_\_\_

**EXPERIENCE**

LIST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

NAME	ADDRESS	PHONE
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_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNATURE \_\_\_\_\_

**GENERAL INFORMATION**

Have you ever applied with the City of Arp before? \_\_\_\_\_. If yes give a date. \_\_\_\_\_. Have you ever been employed by the City of Arp? \_\_\_\_\_. If yes give a date. \_\_\_\_\_. Are you currently employed? \_\_\_\_\_. Who are you employed by? \_\_\_\_\_ What do you do there? \_\_\_\_\_ Are you currently laid off and subject to recall? \_\_\_\_\_ Can we contact your current employer? \_\_\_\_\_ Are you prevented from lawfully becoming employed in the United States? \_\_\_\_\_ Why do you wish to leave your current employer? \_\_\_\_\_ If you were hired by the Arp Public Works Department are there any days of the week that you could not work for any reason? \_\_\_\_\_ If the answer was yes what days would you not be able to work and for what reason. \_\_\_\_\_ Do you live in the Arp area, or if hired would you be willing to relocate to the Arp area? \_\_\_\_\_ If you were hired as a full time employee, how much would you expect to make per hour? \_\_\_\_\_. Have you ever been charged or convicted of a felony? \_\_\_\_\_ Have you ever been charged with a class B misdemeanor or above? \_\_\_\_\_ How many traffic accidents have you been involved in the last three years? \_\_\_\_\_ Have you ever used illegal drugs? \_\_\_\_\_ What kind? \_\_\_\_\_ When was the last time you used illegal drugs? \_\_\_\_\_ Do you still use illegal drugs occasionally? \_\_\_\_\_ Are you currently on any type of prescribed medication? \_\_\_\_\_ What is the name of the medication? \_\_\_\_\_ What does it do? \_\_\_\_\_. Are you married? \_\_\_\_\_ What is your spouse's name \_\_\_\_\_ Have you ever been divorced? \_\_\_\_\_ What is your ex-spouses name? \_\_\_\_\_ Do you have children? \_\_\_\_\_ How many? \_\_\_\_\_ How old are they? \_\_\_\_\_ Do you own a car? \_\_\_\_\_ What is the license plate number? \_\_\_\_\_ Do you own a home or rent? \_\_\_\_\_

Do you know anyone that works for the City of Arp? \_\_\_\_\_. If so Who? \_\_\_\_\_ Do you have any information that you want to make known to us that we have not asked in the form of a question, if so please write it in the space provided below. \_\_\_\_\_

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Can you operate equipment such as a backhoe or a tractor? \_\_\_\_\_ Do you have any experience with fixing and repairing roads and ditches? \_\_\_\_\_ Do you have a class C water license? \_\_\_\_\_ If not would you be willing to get one? \_\_\_\_\_

**EDUCATION**

List all of the High Schools you attended, their locations, the years attended, and if you received a diploma

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Did you receive a diploma? \_\_\_\_\_ G.E.D.? \_\_\_\_\_

List all the colleges you have attended, locations and degrees received:

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Describe any honors you received

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List any additional skills you have that might be helpful in considering your application.

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**REFERENCES**

Give names, addresses, and telephone numbers of three references who are not related to you and have known you for at least 5 years.

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**OLD ADDRESS**

List all addresses where you have lived for the last ten years:

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**EMPLOYMENT HISTORY**

NAME AND ADDRESS OF EMPLOYER \_\_\_\_\_  
PHONE \_\_\_\_\_ SUPERVISORS NAME \_\_\_\_\_ START SALARY \_\_\_\_\_  
END SALARY \_\_\_\_\_ HOW LONG EMPLOYED \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

NAME AND ADDRESS OF EMPLOYER \_\_\_\_\_  
PHONE \_\_\_\_\_ SUPERVISORS NAME \_\_\_\_\_ START SALARY \_\_\_\_\_  
END SALARY \_\_\_\_\_ HOW LONG EMPLOYED \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

NAME AND ADDRESS OF EMPLOYER \_\_\_\_\_  
PHONE \_\_\_\_\_ SUPERVISORS NAME \_\_\_\_\_ START SALARY \_\_\_\_\_  
END SALRY \_\_\_\_\_ HOW LONG EMPLOYED \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

NAME AND ADDRESS OF EMPLOYER \_\_\_\_\_

PHONE \_\_\_\_\_ SUPERVISORS NAME \_\_\_\_\_ START SALARY \_\_\_\_\_

End Salary \_\_\_\_\_ HOW LONG EMPLOYED \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

Can you think of anything you can add to this application that may or may not prevent you from being hired? \_\_\_\_\_

If so please list on lines provided.

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If you and another applicant had the same qualifications and it came to a choice between you and the other applicant what can you tell us that would sway our opinion in your favor?

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***I SWEAR OR AFFIRM THAT THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE, OMITTED, MISLEADING INFORMATION CONTAINED HEREIN MAY BE CAUSE FOR MY IMMEDIATE DISMISSAL, OR THAT MY APPLICATION BE NO LONGER CONSIDERED.***

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_