

700 RAILROAD AVE BALLINGER, TX 325-365-3511

This application will not be used for limiting or excluding any applicant from consideration for Contractor Services on a basis prohibited by local, state, or federal law.

Date of Application:

Please fill out the sections below:

Applicant Contractor Information

Applicant Name:

Address:

City, State and Zip Code:	

Telephone Number:

Email: _____

February 2025

<u>Personal Information</u> Have you ever applied to or worked for the	City of	Ballin	ger?	YES NO)
If yes, when?	•	·	2		
If yes, the reason for leaving?					
Have you ever been terminated from a job/	if so ple	ease exp	lain?		
Do you have a valid driver's license?	YES	NO	DL#_		State
Are you 18 years of age or older?	YES	NO			
Have you ever been in management before?	YES	NO			
					disposition of the
case: {Note: No applicant will be denied employment solely offense, the nature of the offense, including any signif surrounding circumstances and the relevance of the of Job Skills / Qualifications	icant deta	ounds of a	conviction	of a criminal o description of t	ffense. The date of the event, and the
{Note: No applicant will be denied employment solely offense, the nature of the offense, including any signif surrounding circumstances and the relevance of the of	icant deta	ounds of a	conviction	of a criminal o description of t	ffense. The date of the event, and the
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February 2025

	<u>High s</u>	<u>chool</u>	
Name:	_, Location (City, Sta	te)	, Year Graduated
	<u>College / L</u>	University	Ľ
Name:	_, Location (City, Stat	te)	, Year Graduated
Degree Earned: YES	NO Degree:		
V	ocational School / S	Specializ	ed Training
Name:	, Location (City, Stat	te)	, Year Graduated
Degree/Certificate Earned	: YES NO Deg	ree:	
<u>Other Schoo</u>	ols/Classes/Continui		ation Not Listed Above
	<u>ols/Classes/Continui</u>		
Other Schoo <u>Military:</u> Are you a member of the Ar			
Military: Are you a member of the Ar	med Services?	ng Educa	ation Not Listed Above
Military: Are you a member of the Ar Relevant Licenses & Certi	med Services? fications:	ng Educa	ation Not Listed Above
Military: Are you a member of the Ar Relevant Licenses & Certi Do you hold a water or sewe	med Services? fications: er license?	ng Educ:	ation Not Listed Above
<u>Military:</u>	rmed Services? fications: er license?	ng Educa YES YES	ation Not Listed Above
<u>Military:</u> Are you a member of the Ar <u>Relevant Licenses & Certi</u> Do you hold a water or sewe If so what Class? Do you have any other licen	rmed Services? fications: er license?	ng Educa YES YES YES	not Listed Above
<u>Military:</u> Are you a member of the Ar <u>Relevant Licenses & Certi</u> Do you hold a water or sewe If so what Class? Do you have any other licen	rmed Services? fications: er license?	ng Educa YES YES YES	NO NO

Previous Employment

Employer:	May we contact Employer? YES NO
Job Title:	
Supervisor:	
Employer Address:	
Employer Number:	
Dates of Employment:	
Reason for leaving:	
Employer:	May we contact Employer? YES NO
Job Title:	
Supervisor:	
Employer Address:	
Employer Number:	
Dates of Employment:	
Reason for leaving:	
Employer:	May we contact Employer? YES NO
Job Title:	
Supervisor:	
Employer Address:	
Employer Number:	
Dates of Employment:	
Reason for leaving:	
February 2025	

Please provide 3 non-related pers	onal and professional references below:	
1. Name:		
Phone number:	, Email:	
2. Name:	,	
Phone number:	, Email:	
3. Name:	,	
f offered the position, I authorize the City nistory.	, Email:	
If offered the position, I authorize the City nistory.	of Ballinger to collect information and background on my personal	
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