

Employment History (Continued)

Employer	Telephone #	Dates Employed	to
Street Address	City	State	Title
Immediate Supervisor	Salary		
Description of Work			
Reason for Leaving			

May we contact the Employers listed above? _____ If not, indicate which ones you do not wish us to contact _____

Personal References (not former employers or relatives)

Name and Occupation	Address	Phone #	How long known

Education

SCHOOL	Name and Address	Dates of Attendance	Degree	Area of Specialization
High School				
College				
Other				

Skills and Qualifications

List all licenses you hold: (Drivers, electrician, etc)

Type	License #	State	Expiration Date

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization? _____

Applicant Statement

- * I understand that false statements on this application shall be considered sufficient cause to eliminate me from further consideration for employment or for dismissal.
- * If I am hired I understand that I am free to resign at any time, with or without cause, and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary, and that no implied oral or written agreements contrary to the foregoing express language are valid.
- * I understand that if I am hired I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an Employment Verification Form in this regard.
- * I understand that employment is contingent upon passing a drug screening and Criminal History background check.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that the facts set forth in this Employment Application are true, complete, accurate and correct, and there are no omissions. You are hereby authorized to make any investigations to verify the accuracy of this information. I have read, fully understand, and accept all terms of the forgoing Applicant Statement.

Signature of Applicant

Date

City Of Morgan's Point Resort
CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK
AUTHORIZATION FORM

Each applicant must sign an authorization form, giving approval for the City of Morgan's Point Resort to perform a criminal background search.

I hereby give my permission for the City of Morgan's Point Resort to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data, as well as, plea bargains, and deferred adjudications. Information obtained may also include any charges pending or not disposed of. I understand that this information will be used in part, to determine my eligibility for an employment position with this organization.

I do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the City of Morgan's Point Resort, its officers, directors, employees and agents, and hold them harmless from and against any and all courses of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever including claims for negligence, gross negligence, and/or strict liability of the City of Morgan's Point Resort and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become an employee.

It is my understanding that the City of Morgan's Point Resort will rely on information provided by the Texas Department of Public Safety, Bell County, City of Morgan's Point Resort, and from the city that I currently, or have previously resided in. I understand that the City of Morgan's Point Resort will not release my record to me, nor discuss anything contained thereon with me, and that if I have questions regarding the information contained therein, I must contact the reporting agencies in order to clarify such information.

I understand that this form in no way constitutes legal advice, and that if I require any legal advice, it shall be obtained privately and at my own expense.

Printed Name _____
Other Names Used _____
Date of Birth _____
Cities residing in the past 5 years _____
DL # _____ State _____

Applicant's Signature Date

Witnessed by (City Employee) Date