



## Disclosure to Employment Applicant Regarding Procurement of A Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on a separate document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

This report will be processed by:

SBI

Screening, Backgrounds, Investigations

P. O. Box 532584

Harlingen, TX 78550

I also acknowledge and understand that a drug and/or alcohol test for pre-employment, and if hired, at random, post accident, or for incident cause, may also be administered.

Applicant's Name: \_\_\_\_\_

(Please Print)

Applicant's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Give copy with Summary of Rights to applicant. Retain a copy for your files.**



City of Harlingen Employment Application

**INSTRUCTIONS:** Answer all questions. Omitted questions will be grounds for disqualification of your application. Falsification of information is grounds for disqualification of your application or immediate termination of employment upon discovery. All certification statements agreed to on the general City of Harlingen application apply to information given here.

**HAVE YOU EVER BEEN ALLOWED TO RESIGN, DISCHARGED OR DISCIPLINED BY AN EMPLOYER FOR ANY OF THE FOLLOWING: YES/NO**

Tardiness	Allowed to Resign___	Discharged___	Disciplined___	Employer_____
Job Abandonment	Allowed to Resign___	Discharged___	Disciplined___	Employer_____
Other Attendance Related Problems	Allowed to Resign___	Discharged___	Disciplined___	Employer_____
Fighting	Allowed to Resign___	Discharged___	Disciplined___	Employer_____
Assault	Allowed to Resign___	Discharged___	Disciplined___	Employer_____
Insubordination	Allowed to Resign___	Discharged___	Disciplined___	Employer_____
Violating Safety Rules	Allowed to Resign___	Discharged___	Disciplined___	Employer_____

Explain any "Yes" responses given above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HAVE YOU EVER BEEN ALLOWED TO RESIGN, DISCHARGED OR DISCIPLINED BY AN EMPLOYER FOR ANY OF THE FOLLOWING : YES/NO**

Theft	Allowed to resign___	Discharged___	Disciplined___	Employer_____
Being under the influence of alcohol or drugs at work	Allowed to resign___	Discharged___	Disciplined___	Employer_____
Possession of alcohol or drugs while at work	Allowed to resign___	Discharged___	Disciplined___	Employer_____
Sale of alcohol or drugs at work	Allowed to resign___	Discharged___	Disciplined___	Employer_____
Unauthorized removal of employer's property	Allowed to resign___	Discharged___	Disciplined___	Employer_____
Falsifying employment, education, and/or application information, sexual harassment or sexual impropriety	Allowed to resign___	Discharged___	Disciplined___	Employer_____

Have you ever been discharged (fired ) from a job? Yes\_\_\_ No\_\_\_ Employer\_\_\_\_\_

Have you ever been convicted of any misdemeanor or felony excluding minor traffic offenses? Yes \_\_\_ No\_\_\_

Have you ever been placed on deferred adjudication, deferred probation or deferred prosecution? Yes \_\_\_ No\_\_\_

Are you currently on probation or community supervision? Yes\_\_\_ No\_\_\_

Do you now or have you ever used controlled substance? Yes\_\_\_ No\_\_\_

Have you ever tested positive for a controlled substance? Yes\_\_\_ No\_\_\_

Have you ever refused a required test for drugs or alcohol? Yes\_\_\_ No\_\_\_

Explain any "Yes" responses given above and give dates of same. Conviction information should include state, county and date of occurrence? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City of Harlingen Employment Application

Have you served in the Armed Forces of the U.S.? \_\_\_\_\_ Branch of Service \_\_\_\_\_

Type of Discharge \_\_\_\_\_ When Served? \_\_\_\_\_

List **ALL** jobs you have held. A resume may be attached; however this application must be completed. **PUT YOUR PRESENT OR MOST RECENT JOB FIRST.** Provide all information relevant to the position for which you are applying. If you need more space, you may attach additional sheets.

FROM _____ TO _____ Month/Year Month/Year	EXACT TITLE OF POSITION (P/T-FULL TIME) NAME & TITLE OF SUPERVISOR
NAME & COMPLETE ADDRESS OF EMPLOYER	Your duties are/were
ZIP CODE	
PHONE ( )	
REASON FOR LEAVING	
	Number Supervised Salary per Month or Hourly Pay Rate
FROM _____ TO _____ Month/Year Month/Year	EXACT TITLE OF POSITION (P/T-FULL TIME) NAME & TITLE OF SUPERVISOR
NAME & COMPLETE ADDRESS OF EMPLOYER	Your duties are/were
ZIP CODE	
PHONE ( )	
REASON FOR LEAVING	
	Number Supervised Salary per Month or Hourly Pay Rate
FROM _____ TO _____ Month/Year Month/Year	EXACT TITLE OF POSITION (P/T-FULL TIME) NAME & TITLE OF SUPERVISOR
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NAME & COMPLETE ADDRESS OF EMPLOYER	Your duties are/were
ZIP CODE	
PHONE ( )	
REASON FOR LEAVING	
	Number Supervised Salary per Month or Hourly Pay Rate

**READ VERY CAREFULLY**

I certify that answers given herein are true and complete. I understand that false, incomplete or misleading information given in my application or interview(s) may disqualify me from further consideration or may result in immediate discharge regardless of when discovered.

I further understand that no representative of the City has the authority to enter into any agreement for employment for any specified period of time.

I acknowledge that consideration for employment is contingent, among other criteria, on the results of a reference and background check. Therefore, I hereby authorize the City to (1)investigate the truthfulness and completeness of all statements made on this application; (2)contact my schools, former and current employers (except those employers which I have specifically stated may not be contacted) and other listed references or any other persons who can verify information including local, state, and federal law enforcement personnel; and (3)discuss the results of any investigation with other employees of the City involved in the hiring process. In addition, I give my consent for all contacted persons, including former and current employers, to provide information concerning this application, and I release the City and each such person from liability that may result from the release and/or use of such information.

The City of Harlingen is an at-will Employer, which means that if you are chosen for this position and decide to quit, you are not required to give a reason or notice. It also means the City of Harlingen may discharge you (employee) at any time with or without cause and it is not required to give a reason.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Who Assisted (Or Translated For) The Applicant

\_\_\_\_\_  
Date

**This page contains sensitive information. Keep only in secure files, separately from personnel records!**

**BACKGROUND INQUIRY RELEASE**

- I. In connection with my application for employment (including contract for services) with the above named company or individual, I understand that an investigative consumer report may be requested that will include information as to my character, work habits performance and experience along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you will be requesting information from public and private sources about my workers compensation injuries, driving record, court record, education, credentials, credit, and references.
- II. Medical and workers compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the names and address of the agency of the source which provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. I hereby authorize, without reservation, any law enforcement agency, institution, service bureau, school, employer, reference or insurance company contacted by SBI or its agents, to furnish the information described in Section I.

I understand that the following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes

**CLEARLY - ALL INFORMATION**

(Please provide middle name if there is one.)

Name - Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Print other names you have used (including maiden name or previous married name). \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ State where license was issued \_\_\_\_\_  
Name as it appears on driver's license \_\_\_\_\_  
Current Address \_\_\_\_\_

City - State - Zip (County if known) \_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

LIST **ALL** PREVIOUS ADDRESSES FOR THE **LAST SEVEN (7) YEARS**  
ADDRESS, CITY, STATE, & ZIP CODE. COUNTY IF KNOWN

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

**FOR HIRING COMPANY USE ONLY**

In accordance with the fair Credit Reporting Act, you must:

- Disclose to the applicant, in a separate document that a consumer report may be obtained.
- Obtain written consent before ordering any reports. Keep the release unless otherwise indicated by code below.
- Advise the applicant of adverse information if used to deny employment, provide applicant with report and give them consumer rights.

If required Notarize here. Subscribed and sworn before me: Name \_\_\_\_\_ Date \_\_\_\_\_  
When using an embossed seal My Commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_  
shade with pencil before Faxing