

APPLICATION FOR EMPLOYMENT

THE CITY OF ANGLETON
121 S. VELASCO
ANGLETON, TEXAS 77515
(979) 849-4364
FAX: (979) 849-5561

PERSONAL INFORMATION

Name:	Social Security No.:	Date:
Home Address City, State & Zip:		
Home Phone:	Business Phone:	
US Citizen:	If Not Give Visa No. & Expiration Date:	
Have you ever worked for the City? If so. When?	Yes or No What Department?	
Are you related to anyone already Employed with the City? If so. Who?	Yes or No What Relation.	
Have you ever pled "guilty" or "no contest" to or been convicted of a felony or a crime involving moral turpitude (theft)? Yes or No If "Yes" , please provide date(s) and details _____		
(NOTICE: Answering "Yes" to this question, except for positions where disqualification is specified by law, will not necessarily bar you from employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation achieved and position applied for will be taken into consideration)		

POSITION APPLYING FOR

Title:	Salary Desired:
Referred By:	Date Available:

EDUCATION

High School (Name, City, State):	Graduation Date:
Business or Technical School:	
Dates Attended:	Degree Major:
Undergraduate College:	
Dates Attended:	Degree Major:
Graduate School:	
Dates Attended:	Degree Major:

EMPLOYMENT EXPERIENCE

Start with you present or last job. Include any job-related military service assignment and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	Dates Employed From: To:	Work Performed:
Address:	Job Title:	
Phone No.:	Supervisor:	Reason for Leaving:
Employer:	Dates Employed From: To:	Work Performed:
Address:	Job Title:	
Phone No.:	Supervisor:	Reason for Leaving:
Employer:	Dates Employed From: To:	Work Performed:
Address:	Job Title:	
Phone No.:	Supervisor:	Reason for Leaving:
Employer:	Dates Employed From: To:	Work Performed:
Address:	Job Title:	
Phone No.:	Supervisor:	Reason for Leaving:

If you need additional space, please continue on a separate sheet of paper.

Angleton, Texas

**NOTICE TO APPLICANTS FOR EMPLOYMENT
(Workers' Compensation – Effective June 13, 2006)**

CITY OF ANGLETON ("CITY") HAS WORKERS' COMPENSATION INSURANCE. THIS MEANS THAT WHEN CITY EMPLOYEES ARE INJURED ON THE JOB, OR SUFFER A WORK-RELATED ILLNESS, THEY WILL BE ENTITLED TO MEDICAL AND TEMPORARY INCOME DISABILITY BENEFITS. THE CITY, AS THE EMPLOYER, PAYS ALL PREMIUMS DUE. IN OTHER WORDS WORKERS' COMPENSATION INSURANCE OFFERS CITY EMPLOYEES VALUABLE FINANCIAL PROTECTION AT NO COST TO THEM.

GIVEN THE CITY'S ASSUMED FINANCIAL RESPONSIBILITIES IN PROVIDING THIS PROTECTION TO ITS EMPLOYEES, IT IS APPROPRIATE THAT THE CITY TAKE STEPS TO ASSURE THAT NO FRAUDULENT CLAIMS FOR SUCH BENEFITS ARE ACCEPTED. ONE OF THESE STEPS IS TO OBTAIN PRIOR INJURY INFORMATION ON ITS NEW EMPLOYEES FROM THE TEXAS WORKERS' COMPENSATION COMMISSION ("COMMISSION"). THIS MEANS THAT WHEN CITY EMPLOYEES ARE FIRST HIRED THEY'RE REQUIRED, AS A CONDITION FOR CONTINUED EMPLOYMENT, TO GIVE WRITTEN AUTHORIZATION (USING THE FORM PROVIDED FOR THIS PURPOSE) TO THE COMMISSION FOR ITS RELEASE TO THE CITY INFORMATION ON TWO OR MORE GENERAL INJURY CLAIMS THEY HAVE FILED, IF ANY, DURING THE FIVE (5) YEARS PRECEDING THEIR EMPLOYMENT WITH THE CITY.

IN INSTITUTING THIS REQUIREMENT THE CITY CERTIFIES TO THE COMMISSION THAT IT IS COVERED UNDER SECTION 402.087 OF THE TEXAS LABOR CODE AND U.S.C. 12101 OF THE AMERICANS WITH DISABILITIES ACT OF 1990.

**IF YOU HAVE ANY QUESTIONS REGARDING THIS REQUIREMENT PLEASE ASK A REPRESENTATIVE OF THE CITY'S HUMAN RESOURCES DEPARTMENT
(Phone # (979) 849-4364 ext: 308)**

AS EVIDENCED BY MY SIGNATURE BELOW I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS NOTICE; AND, AGREE TO ABIDE BY ITS REQUIREMENTS IN THE EVENT I BECOME EMPLOYED BY THE CITY.

Signature

Date

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with **THE CITY OF ANGLETON** of an “**at will**” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “**at will**” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by authorized executive of **THE CITY OF ANGLETON**.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I hereby consent to **THE CITY OF ANGLETON** conducting a thorough investigation of my background including information not included on my resume. I hereby waive any rights to privacy or other rights pertaining to such information. I totally release **THE CITY OF ANGLETON** from any and all liability in connection with such investigation.

Applicant's Signature

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview _____/YES _____/NO

Remarks:

Interviewer Date

Employed: _____/YES _____/NO Date of Employment _____

Job Title: _____ Hourly Rate: _____ Salary _____

Name and Title Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: _____ YES _____ NO

Position(s) Considered For: _____

Date: _____

NOTES:

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	