



Application for Employment

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, national origin, disability, gender or age.
 If you need assistance completing this application, please contact Human Resources.

SECTION A: POSITION APPLIED		
<u>PLEASE PRINT OR TYPE</u>	Today's Date:	Referral Source:
List exact title of position for which you wish to apply:		

SECTION B: APPLICANT INFORMATION					
Last Name		First		Middle	
Street Address				Apartment/Unit #	
City		State		ZIP Code	
Phone () -		E-mail Address			
Date Available		Social Security No.		Driver's License #	State
If you are under 18, can you furnish a work permit?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Will you relocate if your job requires it?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you on lay-off and subject to recall?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Will you travel if your job requires it?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you able to meet the attendance requirements of the position?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Will you work overtime if required?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you filed an application here before?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?		
Have you ever been employed here before?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony in the last (7) seven years?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain		
Type of employment desired? Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Educational Co-op <input type="checkbox"/>					

SECTION C: EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	

SECTION D: EMPLOYMENT HISTORY

List your last (4) four employers, assignments or volunteer activities, starting with the most recent. Explain gaps in employment in the comments section below.

Employer		Phone () -	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone () -	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone () -	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone () -	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

SECTION D: EMPLOYMENT HISTORY (CONT.)

Comments: *Please Include explanation of any gaps in employment above.*

SECTION E: REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone () -
Full Name	Relationship
Company	Phone () -
Full Name	Relationship
Company	Phone () -

SECTION F: MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

SECTION G: SPECIAL QUALIFICATIONS AND SKILLS

Summarize any special training, skills, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.

List any special licenses you hold (CDL, Water or Wastewater licenses, pesticide certificates, etc.)

License	License Authority	Date of Issue	Date of Expire
License	License Authority	Date of Issue	Date of Expire
License	License Authority	Date of Issue	Date of Expire

List any specialized machinery or equipment you can operate.

Machine	Issuing Authority	Date of Issue	Date of Expire
Machine	Issue Authority	Date of Issue	Date of Expire
Machine	Issuing Authority	Date of Issue	Date of Expire

SECTION G: SPECIAL QUALIFICATIONS AND SKILLS (CONT.)

Indicate your degree of fluency in any foreign language (excellent, good, fair).

Language	Reading	Writing	Speaking	Understanding

SECTION H: MEMBERSHIP IN GROUPS, CLUBS, AND ASSOCIATIONS*List the name, address, type of organization, (Professional, Fraternal, Social, etc.)*

Name	Address
Type	
Name	Address
Type	

SECTION J: ADDITIONAL INFORMATION*List any additional information you would like us to consider.*

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SECTION K: ADDITIONAL QUESTIONAre you related to any City Employee or member of the Angleton City Council? YES NO

If yes, what is the relationship?

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SECTION L: ADDITIONAL QUESTIONAre you able to perform the essential functions of the job with or without accommodations? YES NO

Signature _____ Date _____

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DISCLAIMER AND SIGNATURE

- It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.
- I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.
- The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.
- This application is current for 2 years. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.
- I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.
- I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.
- Any applicant tentatively selected for safety sensitive positions will be required to submit to a physical and drug and alcohol screening prior to employment.

Signature	Date
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CITY OF ANGLETON AT-WILL EMPLOYER

I understand that nothing in this application, or in any prior or subsequent written or oral statement, creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by the City of Angleton, my employment will be at-will, for an indefinite period of time, and may be terminated at any time, with or without cause or notice, at the option of the City of Angleton or myself. I understand that I have the right to end my employment at any time and that the City of Angleton retains that same right. I also understand that no one has the authority to enter into any contract, agreement or modification of the foregoing unless such contract, agreement or modification is in writing and signed by the City Manager.

Signature	Date
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AFFIRMATIVE ACTION VOLUNTARY INFORMATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Position Applied for:		Today's Date:	
Referral Source:			
Government Employment Agency <input type="checkbox"/>		Walk-in <input type="checkbox"/>	Relative <input type="checkbox"/> Employee <input type="checkbox"/>
Private Employment Agency <input type="checkbox"/>		School <input type="checkbox"/>	Other:
Advertisement – Source:		Name of person Referred by:	
Applicant Information:	Last		First
	Middle		
	Telephone () -		Email
	Address		City
	ST		Zip
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth: / /
Please Check on of the following Equal Employment Opportunity Identification Groups:			
White <input type="checkbox"/>	Black <input type="checkbox"/>	Hispanic <input type="checkbox"/>	American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/>

Special Notice

To Vietnam Era Veterans, Disabled Veterans and Individuals with physical and mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

- Vietnam Era Veteran (served between 1964-1975)
- Disabled Veteran
- Individual with a disability

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency **MAY** request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee (optional)

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	