

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	City	State
		Zip Code
Telephone Number(s)	Social Security Number (Voluntary)	

Best time to contact you at home is: _____:_____ AM / PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Date available for work _____ / _____ / _____ What is your desired salary range? _____

Are you available for work: Full Time (Please indicate 1 2 3 shifts)
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available _____ / _____ - _____ / _____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	Number of Years Completed	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

EMPLOYMENT EXPERIENCE

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

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION

Other Qualifications (Summarize special job-related skills and qualifications acquired from employment or other experiences)

SPECIALIZED SKILLS (Check Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform essential functions of the job, for which you are applying, either with or without a reasonable accommodation? _____ YES _____ NO

REFERENCES

Name	Phone Number
1.	
2.	
3.	

NAME: _____ POSITION: _____ DATE: _____ / _____ / _____

APPLICANT STATEMENT

I certify that answers given herein are true and complete.

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

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.

Signature of Applicant

Date

**CITY OF ANDREWS
SUPPLEMENT TO JOB APPLICATION
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Military Service:

Have you ever served in the U.S. Armed Forces? _____
If so: Dates of Service: From _____ to _____
Branch of Service _____
Rank held at Discharge _____
Military experience/training applicable to City employment _____

Residences: List all addresses where you have lived during the past five (5) years, beginning with your present address. List by month and year. Attach extra page if necessary.

ADDRESS:	FROM:	TO:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Languages: (Optional) Indicate any language other than English you can speak, read and/or write:

	<u>Fluent</u>	<u>Good</u>	<u>Fair</u>
Speak	_____	_____	_____
Read	_____	_____	_____
Write	_____	_____	_____

Conviction Record:

Have you ever been convicted of a DWI/DUI? _____
If so, give date(s) _____

Have you ever been convicted of a felony? _____
If so, give date(s) _____
What was the conviction for? _____

I authorize the City of Andrews to investigate my criminal history record and my driver's license record. A conviction record will not necessarily be a bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

A medical examination and drug test is required by the City of Andrews at the time of employment. If selected for employment with the City of Andrews, I understand I will undergo a medical examination and drug test as a condition of employment and that my employment will be conditional upon a satisfactory result of those examinations.

Signature: _____ Date: _____

**APPLICATION SUPPLEMENT
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1. Do you have a valid Texas Driver's License? Yes No

DL# _____ Expiration Date _____

2. Has your Driver's License ever been suspended or revoked? Yes No

If yes, give the date, location and reasons _____

3. List any driving citations you have received in the past 3 years.

4. List any of your relatives and their relationship to you that work for the City of Andrews.

