



City of Sealy  
**APPLICATION FOR EMPLOYMENT**

415 Main St.  
P O Box 517  
Sealy, TX 77474

For HR Use Only

Telephone: (979) 885-3511 ~ Fax: (979) 885-3513

**The City of Sealy is An Equal Opportunity Employer.**  
In accordance with the Civil Rights Acts of 1964 and 1991, as amended, the Age Discrimination in Employment Act, the Americans with Disabilities Act, and the Genetic Information Nondiscrimination Act, the City of Sealy prohibits discrimination in employment because of race, color, sex, religion, national origin, age, disability, or genetic information.

**PLEASE PRINT OR TYPE ALL INFORMATION**

A separate application is required for each position you apply for.

DATE: \_\_\_\_\_ POSITION APPLYING FOR: \_\_\_\_\_

DATE YOU ARE AVAILABLE TO START WORK: \_\_\_\_\_

IS STARTING SALARY ACCEPTABLE? Yes No IF NO, WHAT SALARY IS DESIRED? \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST M.I.

ADDRESS \_\_\_\_\_  
STREET APT.# CITY STATE ZIP

PHONE (HOME): \_\_\_\_\_ (CELL): \_\_\_\_\_ Email: \_\_\_\_\_

DO YOU HAVE ANY RELATIVES WHO ARE WORKING FOR THE CITY OF SEALY? Yes No

If Yes: Name \_\_\_\_\_ Relationship \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF SEALY? Yes \_\_\_ No \_\_\_

Dates of Employment: Starting \_\_\_\_\_ Ending \_\_\_\_\_

**CHECK ANY OF THE FOLLOWING THAT YOU ARE UNABLE OR UNWILLING TO WORK:**

EVENINGS DEEP NIGHTS WEEKENDS HOLIDAYS ON CALL PART-TIME FULL-TIME TEMPORARY OVERTIME

HAVE YOU SERVED IN THE ARMED FORCES OR NATIONAL GUARD OF THE UNITED STATES? \_\_\_\_\_

BRANCH \_\_\_\_\_ DATES OF SERVICE \_\_\_\_\_

RANK AT DISCHARGE \_\_\_\_\_ TYPE OF DISCHARGE \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

\*If yes, you may be given the opportunity for an individualized assessment to determine eligibility to gain employment with the City.

**PLEASE LIST ANY COURSES, PROGRAMS, PROFESSIONAL ASSOCIATIONS, LICENSING AND/OR CERTIFICATION OR ANY OTHER ACTIVITIES WHICH YOU PARTICIPATED IN THAT RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING:**

### **EMPLOYMENT HISTORY**

**INSTRUCTIONS:** List all employers for which you have worked in the last **ten (10) years**, starting with the most recent or current employer. Complete all blanks. Describe all job duties performed that demonstrate your qualifications for the position for which you are applying. **BE ADVISED THAT A RESUME IS NOT A SUBSTITUTE FOR THE INFORMATION REQUESTED BELOW.** A resume may be attached as a supplement to the information given below. Failure to provide the required information may result in disqualification from active consideration. You may attach additional pages if needed.

MOST RECENT EMPLOYER: \_\_\_\_\_ Starting Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Ending Date: \_\_\_\_\_

STREET

\_\_\_\_\_ PHONE: \_\_\_\_\_

CITY

STATE

ZIP

NAME OF IMMEDIATE SUPERVISOR: \_\_\_\_\_ Starting Salary: \_\_\_\_\_

YOUR POSITION: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

REASON FOR DESIRING CHANGE: \_\_\_\_\_ May we contact? \_\_\_\_\_

DESCRIPTION OF DUTIES AND RESPONSIBILITIES PERFORMED IN THIS POSITION THAT DEMONSTRATES YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE CURRENTLY APPLYING. PLEASE BE SPECIFIC.

NEXT EMPLOYER: _____	Starting Date: _____
ADDRESS: _____	Ending Date: _____
STREET	
_____	PHONE: _____
CITY STATE ZIP	
NAME OF IMMEDIATE SUPERVISOR: _____	Starting Salary: _____
YOUR POSITION: _____	Ending Salary: _____
REASON FOR DESIRING CHANGE: _____	May we contact? _____
<p>DESCRIPTION OF DUTIES AND RESPONSIBILITIES PERFORMED IN THIS POSITION THAT DEMONSTRATES YOUR QUALIFICATIONS FOR THE POSITON FOR WHICH YOU ARE CURRENTLY APPLYING. PLEASE BE SPECIFIC.</p>	

NEXT EMPLOYER: _____	Starting Date: _____
ADDRESS: _____	Ending Date: _____
STREET	
_____	PHONE: _____
CITY STATE ZIP	
NAME OF IMMEDIATE SUPERVISOR: _____	Starting Salary: _____
YOUR POSITION: _____	Ending Salary: _____
REASON FOR DESIRING CHANGE: _____	May we contact? _____
<p>DESCRIPTION OF DUTIES AND RESPONSIBILITIES PERFORMED IN THIS POSITION THAT DEMONSTRATES YOUR QUALIFICATIONS FOR THE POSITON FOR WHICH YOU ARE CURRENTLY APPLYING. PLEASE BE SPECIFIC.</p>	

NEXT EMPLOYER: _____	Starting Date: _____
ADDRESS: _____	Ending Date: _____
STREET	
_____	PHONE: _____
CITY STATE ZIP	
NAME OF IMMEDIATE SUPERVISOR: _____	Starting Salary: _____
YOUR POSITION: _____	Ending Salary: _____
REASON FOR DESIRING CHANGE: _____	May we contact? _____
DESCRIPTION OF DUTIES AND RESPONSIBILITIES PERFORMED IN THIS POSITION THAT DEMONSTRATES YOUR QUALIFICATIONS FOR THE POSITON FOR WHICH YOU ARE CURRENTLY APPLYING. PLEASE BE SPECIFIC.	

**EMPLOYMENT HISTORY (cont.)**

**EXPLAIN IN DETAIL ANY TIME LAPSES IN YOUR EMPLOYMENT RECORD DUE TO UNEMPLOYMENT OR OTHER REASONS**

**References**

Please provide business and/or personal references that we may contact while considering you for employment.

Name: _____	Relation: _____	Phone #: _____
Name: _____	Relation: _____	Phone #: _____
Name: _____	Relation: _____	Phone #: _____
Name: _____	Relation: _____	Phone #: _____

## EDUCATION

School Name & Address	Type of Degree Granted (BBA, BS, BA, AS, MPA) - Major and Minor -	Last Year Completed (Circle)	Number of Hours Completed	Diploma/Degree Circle Yes or No
<u>High School</u>		9 10 11 12		Diploma? Yes    No  GED?    Yes    No
<u>College</u>		1 2 3 4		Degree? Yes    No
<u>College</u>		1 2 3 4		Degree? Yes    No
<u>Other</u>				Degree? Yes    No

<b>IMPORTANT – PLEASE READ</b>
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I understand that all information submitted and considered is subject to verification. I understand and hereby authorize and give permission for the City of Sealy to conduct verification and/or investigations including but not limited to credit history, criminal history, driving record, character, employment history, reputation and any other job-related investigations as are necessary to determine my qualifications for employment. I authorize the schools, persons, previous employers and other organizations to provide the City with any and all information about me. I hereby release any such schools, persons, previous employers and other organizations or individuals from any and all liability for damages of whatever kind which may result to me, including but not limited to, claims for negligence, which they might otherwise incur as a result of disclosing the information about me.

I understand that if I am offered employment with the City of Sealy, I will be required to pass a post-offer physical exam, which will include drug testing. Any offer of employment that I may receive will be conditioned upon the results of the post-offer physical exam. I also understand that if I become employed with the City of Sealy, I will be required to comply with the City's drug testing policies and procedures.

I agree to conform to the rules and regulations of the City of Sealy. The City has the right to amend, modify and revoke its policies & procedures at any time. For appointed positions, I understand that my employment can be terminated with or without cause, and with or without notice, at the option of the City or myself. I understand that no employee or officer of the City has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

My employment shall be in accordance with the terms of this application, City rules and regulations and any amendments thereto. Failure to sign the application will result in an incomplete application and elimination from consideration.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Privacy Act of 1974 Disclosure. **Authority:** Human Resources, City of Sealy. **Routine Uses:** The SSN is used to identify applications. **Purpose:** Conduct pre-employment background checks. **Disclosure:** Voluntary