



**CITY OF TEXAS CITY
1801 9TH AVENUE NORTH
TEXAS CITY, TEXAS 77590
(409) 948-3111**



www.texas-city-tx.org

Instructions: Print or type all information. Application must be completed in full. Incomplete applications may disqualify you from consideration. Applications will only be considered for "open" position(s) listed on the application form.

BE ADVISED THAT A RESUME IS NOT A SUBSTITUTE FOR AN APPLICATION. A resume may be attached as a supplement.

All applicants meeting the City of Texas City's minimum qualifications for the specified job will be considered for employment without regard to race, religion, sex, national origin, age, or the presence of a non-job-related medical condition or disability.

PERSONAL INFORMATION

DATE:	SOCIAL SECURITY NO:	NAME: (Last, First MI)		
STREET ADDRESS:		CITY:	STATE:	ZIP CODE:
HOME PHONE:	BUSINESS PHONE:		CELL:	
POSITION APPLIED FOR:		OTHER NAMES USED:		
ARE YOU WILLING TO WORK: (Mark All That Apply) <input type="checkbox"/> FULL TIME <input type="checkbox"/> HOLIDAYS <input type="checkbox"/> PART TIME <input type="checkbox"/> EVENINGS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> NIGHTS				
Will accept current starting salary? <input type="checkbox"/> YES <input type="checkbox"/> NO			If "no" what salary is desired?	
Do you have any friends or relatives who work for the City of Texas City? <input type="checkbox"/> YES <input type="checkbox"/> NO If "yes," please give their: Name: _____ Department: _____ Relationship: _____				
Have you previously been employed by the City of Texas City? <input type="checkbox"/> YES <input type="checkbox"/> NO If answered "yes": When: _____ In what department: _____ Title: _____				
Date you are available to start work:			Are you legally authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERRAL SOURCE

How did you learn about us and/or the position for which you applied? Place a check next to the appropriate choice. Please mark <u>one</u> choice only.		
<input type="checkbox"/> (01) Newspaper	<input type="checkbox"/> (02) Walk-in	<input type="checkbox"/> (03) Relative/Friend
<input type="checkbox"/> (04) City of Texas City web site	<input type="checkbox"/> (05) College/University	<input type="checkbox"/> (06) Professional Organization

(7) Other: (please explain)

PERSONAL HISTORY

1. Have you ever been discharged (fired) for any reason from a job? Employer name:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been asked to resign? Employer Name:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been convicted of or received probation or deferred adjudication for any felony or misdemeanor, excluding minor traffic offenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you under 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you currently on "lay-off" status and subject to recall? Employer Name:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain any "yes" responses given to the above questions including dates, location, circumstances, and other relevant information:		

GENERAL SKILLS

Office Skills	<input type="checkbox"/> Windows <input type="checkbox"/> Excel <input type="checkbox"/> 10-Key <input type="checkbox"/> Word <input type="checkbox"/> Other Keyboarding Speed:				
Driver's License	DL#:	State:	Type:	Class A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
Public Works	Surface Water	Gr:	Wastewater Treatment	Gr:	
	Water Distribution	Gr:	Wastewater Collection	Gr:	
	Agency/ State Issuing:		Expiration Date:		
Languages	Spoken:		Written:		

EDUCATION INFORMATION

High School or GED	City	State	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	GED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
College Name	City	State	Degree <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	Credit Hrs.	GPA
College Name	City	State	Degree <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	Credit Hrs.	GPA

Please list any professional associations, licensing, and/or certification which you participate in or have acquired:

INSTRUCTIONS: List the last five (5) employers for whom you have worked, starting with the most recent or current employer.

EMPLOYMENT HISTORY

Present or last employer	Phone	Starting date Month/Year
Address	City, State, Zip	Ending date Month/Year
Name of immediate supervisor	Your position/title	Starting salary
Commercial Driver's License (CDL) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ending salary
Reason for leaving		
Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific.		
Previous employer	Phone	Starting date Month/Year
Address	City, State, Zip	Ending date Month/Year
Name of immediate supervisor	Your position/title	Starting salary
Commercial Driver's License (CDL) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ending salary
Reason for leaving		
Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific.		
Previous employer	Phone	Starting date Month/Year
Address	City, State, Zip	Ending date Month/Year
Name of immediate supervisor	Your position/title	Starting salary
Commercial Driver's License (CDL) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ending salary
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Previous employer	Phone	Starting date Month/Year
Address	City, State, Zip	Ending date Month/Year
Name of immediate supervisor	Your position/title	Starting salary
Commercial Driver's License (CDL) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ending salary

Reason for leaving

Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific.

Previous employer	Phone	Starting date Month/Year
Address	City, State, Zip	Ending date Month/Year
Name of immediate supervisor	Your position/title	Starting salary
Commercial Driver's License (CDL) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ending salary

Reason for leaving

Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific.

Explain in detail any time lapses in the above employment record due to unemployment or other reasons _____

IMPORTANT - PLEASE READ

I UNDERSTAND that a large number of applications may be received for a single position and that it is not possible for the City to personally interview every applicant. I UNDERSTAND that this application, along with any attachments, become the property of the City of Texas City and that all information submitted and considered is subject to verification. I UNDERSTAND, AUTHORIZE, AND GIVE PERMISSION for the City of Texas City to conduct verification and/or investigations of my 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 UNDERSTAND that if I am offered employment with the City of Texas City, I will be required to take a post-offer physical exam which will include a drug test. Any offer of employment that I may receive will be conditioned upon the results of the post-offer physical exam. In addition, positive results of the post-offer drug test will disqualify me from employment. I ALSO UNDERSTAND that if I become employed with the City of Texas City, I will be required to comply with the City's drug testing program.

I CERTIFY that all statements and answers to all questions in this application are true, complete and correct, and are made in good faith. I UNDERSTAND that falsification of any answers I have given and/or failure to provide requested information will have serious consequences, including disqualification for employment and/or termination of employment.

FAILURE to sign application will result in an incomplete application.

Signature:

Date:

H:/Employment/Application-TC-2009