

# Application for Employment



City of Shenandoah  
29955 I-45 North  
Shenandoah, Texas 77381

**PLEASE PRINT**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of Application: \_\_\_\_\_

Referral Source  Advertisement  Employee  Relative  Government Employment Agency  
 Walk-in  Private Employment Agency  Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

If necessary, best time to call you at home \_\_\_\_\_  AM  PM

May we contact you at work? \_\_\_\_\_  YES  NO

If yes, work number and best time to call \_\_\_\_\_ ( ) -  AM  PM

If you are under 18 and it is required, can you furnish a work permit? \_\_\_\_\_  YES  NO

If no, please explain \_\_\_\_\_

Have you submitted an application here before? \_\_\_\_\_  YES  NO

If yes, give dates \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_  YES  NO

Date available for work \_\_\_\_\_ / /

Type of employment desired  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Will you relocate if job requires it? \_\_\_\_\_  YES  NO Will you travel if job requires it?  YES  NO

Are you able to meet the attendance requirements of the position? \_\_\_\_\_  YES  NO

Will you work overtime if required? \_\_\_\_\_  YES  NO

If no, please explain \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_  YES  NO

Have you ever been convicted of a crime in the last seven (7) years? \_\_\_\_\_  YES  NO

If yes, please explain \_\_\_\_\_

CONVECTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number if driving is an essential job function. \_\_\_\_\_ State \_\_\_\_\_

**Education Background** IF JOB RELATED

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. SCHOOL	B. YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

**References**

List name and telephone number of three business/work references that are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references that are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	( )	
	( )	
	( )	

**Additional Information**

List professional, trade business, or civic associations and any office held.

EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICE HELD

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.


List any additional information you would like us to consider.


## Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (see additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER  ( )	TELEPHONE	<u>DATE EMPLOYED</u> FROM TO		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		<u>SALARY RATE</u> STARTING \$		
JOB TITLE		FINAL		
IMMEDIATE SUPERVISOR AND TITLE		\$		
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
EMPLOYER  ( )	TELEPHONE	<u>DATE EMPLOYED</u> FROM TO		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		<u>SALARY RATE</u> STARTING \$		
JOB TITLE		FINAL		
IMMEDIATE SUPERVISOR AND TITLE		\$		
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
EMPLOYER  ( )	TELEPHONE	<u>DATE EMPLOYED</u> FROM TO		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		<u>SALARY RATE</u> STARTING \$		
JOB TITLE		FINAL		
IMMEDIATE SUPERVISOR AND TITLE		\$		
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCES? <input type="checkbox"/> YES <input type="checkbox"/> NO				

## Employment History (continued)

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (see additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER  ( )	TELEPHONE	<u>DATE EMPLOYED</u> FROM TO		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		<u>SALARY RATE</u> STARTING \$		
JOB TITLE		FINAL		
IMMEDIATE SUPERVISOR AND TITLE		\$		
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
EMPLOYER  ( )	TELEPHONE	<u>DATE EMPLOYED</u> FROM TO		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		<u>SALARY RATE</u> STARTING \$		
JOB TITLE		FINAL		
IMMEDIATE SUPERVISOR AND TITLE		\$		
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
EMPLOYER  ( )	TELEPHONE	<u>DATE EMPLOYED</u> FROM TO		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		<u>SALARY RATE</u> STARTING \$		
JOB TITLE		FINAL		
IMMEDIATE SUPERVISOR AND TITLE		\$		
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCES? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Attach additional sheets if necessary.

**Comments** INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Skills and Qualification** – Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. 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.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or defined duration. I understand that no representative of this employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

## Affirmative Action Voluntary Information

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### COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

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PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_

### Referral Source

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Walk-In                      | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee                     | <input type="checkbox"/> Relative                     | <input type="checkbox"/> School                    |
| <input type="checkbox"/> Advertisement – Source _____ |   | <input type="checkbox"/> Other _____               |
- 

### Applicant Information

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Male  Female

### Please check one of the following Equal Employment Opportunity Identification Groups:

- |   |   |
|---|---|
| <input type="checkbox"/> White (not of Hispanic origin)   | <input type="checkbox"/> Black (not of Hispanic origin) |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Asian / Pacific Islander       |

### For Administrative Use Only

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Position(s) applied for  Available  Not Available

Other positions considered for \_\_\_\_\_

Hired  Yes  No

Position hired for \_\_\_\_\_ Date of Hire \_\_\_\_\_

From the EEO job classification listed below, which one best describes the position filled:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers               | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals          | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled)      |
| <input type="checkbox"/> Technicians            | <input type="checkbox"/> Craft Workers (skilled)     | <input type="checkbox"/> Service Workers           |

Notes \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_