

APPLICATION FOR EMPLOYMENT

City of Edna
 126 W. Main
 Edna, Texas 77957
 (361) 782-3122

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, 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"/> Friend	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address	Number	Street	City State Zip Code
Telephone Number(s)		Social Security Number	Drivers License Number
Home: _____		- -	State Number
Cell: _____			
Other: _____			

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 ____/____/____

Do any of your friends or relatives, other than spouse, work here? Yes No
 If Yes, state name, relationship and location _____

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 to work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoons 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	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK 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:	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title:			
Supervisor:			
Reason for Leaving:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Telephone Number:	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title:			
Supervisor:			
Reason for Leaving:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Telephone Number:	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title:			
Supervisor:			
Reason for Leaving:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		

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 experience.)

List all Professional Licenses or Certificates which you hold that might pertain to the position for which you are applying

SPECIALIZED SKILLS (Skills/Equipment Operated)

_____ Terminal _____ PC/MAC _____ Typewriter _____ WPM	_____ Spreadsheet _____ Word Processing _____ Shorthand _____ WPM	Production/Mobile Machinery (list)	Other (list)

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.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given ___YES___NO

PERSONAL/PROFESSIONAL REFERENCES Do not include family members or past supervisors.

	NAME	TELEPHONE NUMBER	Best Time To Call	OCCUPATION
1				
2				
3				

APPLICANTS 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 period 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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

**AUTHORITY FOR RELEASE OF INFORMATION
CITY OF EDNA**

I, _____, respectfully request and authorize you to furnish the City of Edna any and all information that you may have concerning me. This includes, but is not limited to, my educational history, character, workman's compensation claims, medical records (physical and mental), employment and pre-employment records including background reports, efficiency ratings, complaints or grievances filed by or against me, and the records of attorneys at law whether representing me or another person in all criminal or civil cases in which I presently have, or have had an interest. This includes all information of a confidential or privileged nature and Photostats of the same, if requested. This information is to be used to assist the City of Edna in determining my qualifications and fitness for the position I am seeking.

I understand that any information obtained by a Personal History Background investigation which is developed either directly or indirectly, in whole or part, upon this release authorization may be considered in determining my suitability for employment by the City of Edna. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I further agree to waive any right whatsoever to the background investigation report, psychological and/or physical reports developed through this waiver.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature: _____

Date: _____

Date of Birth: _____

Texas Drivers License Number: _____

SWORN AND SUBSCRIBED BEFORE ME, THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC

COUNTY

COMMISSION EXPIRES