

City of George West

406 Nueces, George West, TX 78022

Phone: (361) 449-1556 Fax: (361) 449-3030 Website: cityofgw.org

APPLICATION OF EMPLOYMENT

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status. A background check and pre-employment drug screening will be done. All applicants must have a valid Driver's License.

Note: Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration.

POSITION APPLYING FOR: _____

PERSONAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

Residence Address (if different from above): _____

Street and Apt. # _____ City _____ State _____ Zip Code _____

Telephone: _____ E-mail: _____

SS #: _____ DOB: _____ DL #: _____ State: _____

I am an U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis:

☐ Yes ☐ No

If applicable, please list your visa type, visa # and expiration: _____

Have you ever been convicted of a crime, excluding traffic violations, in the past seven years (you are not obligated to disclose sealed or expunged criminal records)? ☐ Yes ☐ No

If you answered yes, please explain:

Have you ever served in the U.S. Military? ☐ Yes ☐ No

If yes, please provide the following information:

Branch of Service: _____ Rank at time of separation: _____

I served from _____ to _____

Special Honors: _____

Last Name: _____ First Name: _____ Middle Initial: _____

EMPLOYMENT HISTORY:

Present or Most Recent Employer

Employer: _____ Address: _____
Your Position: _____ Salary: _____
Duties: _____
Dates of Employment: _____ to _____
Supervisor: _____ May we contact? ☐ Yes ☐ No
Name Title
Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____
Your Position: _____ Salary: _____
Duties: _____
Dates of Employment: _____ to _____
Supervisor: _____ May we contact? ☐ Yes ☐ No
Name Title
Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____
Your Position: _____ Salary: _____
Duties: _____
Dates of Employment: _____ to _____
Supervisor: _____ May we contact? ☐ Yes ☐ No
Name Title
Reason for leaving: _____

Last Name: _____ First Name: _____ Middle Initial: _____

EDUCATION

High School

Name and Address

Did you graduate? ☐ Yes ☐ No

Attended from _____ to _____

If you did not graduate, did you receive your GED? ☐ Yes ☐ No

Special honors or awards: _____

Technical or Vocational School

Name and Address

Did you graduate? ☐ Yes ☐ No

Attended from _____ to _____

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

College or University

Name and Address

Did you graduate? ☐ Yes ☐ No

Attended from _____ to _____

Degree: _____ Major: _____

Special honors or awards: _____

College or University

Name and Address

Did you graduate? ☐ Yes ☐ No

Attended from _____ to _____

Degree: _____ Major: _____

Special honors or awards: _____

Last Name: _____ First Name: _____ Middle Initial: _____

PERSONAL REFERENCES

Name	Telephone Number ()		
Address	City	State	Zip
Email			

Name	Telephone Number ()		
Address	City	State	Zip
Email			

Name	Telephone Number ()		
Address	City	State	Zip
Email			

Last Name: _____ First Name: _____ Middle Initial: _____

POSITION INFORMATION:

Position Specifications

Position Applying For: _____

How did you hear about this job? _____

What hours are you willing to work? _____

Would you be able to work weekends? ☐ Yes ☐ No

Are you willing to travel for the job? ☐ Yes ☐ No

When would you be able to start? _____

Desired salary: _____ per _____

Skills

Please describe any skills you have in the following areas:

Computer:

Languages Spoken (other than English):

Other:

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history.

Furthermore I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Are you related to any member of the City Council or any person now in the employ of the City?
Yes No If yes, give name and relationship to you: _____

Signature: _____ Date _____

Last Name: _____ First Name: _____ Middle Initial: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer _____ Date _____

Employed Yes No Date of Employment _____

Job Title _____ Department _____

Hourly Rate/Salary _____

By _____

Name and Title _____ Date _____