

APPLICATION FOR EMPLOYMENT

We consider applications 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 Applied For: _____

Date of Application _____

How Did You Learn About Us?

Advertisement

Relative

Inquiry

Employment Agency

Friend

Other _____

Last Name

First Name

Middle Name

Address

Number

Street

City

State

Zip Code

Telephone Number

Cell Phone

Social Security Number

Best time to contact you at home is _____

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

Have you ever been employed with us before?.....Yes No

Do any of your friends or relatives, other than spouse, work here?.....Yes No

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?

Proof of citizenship or immigration status will be required upon employmentYes No

Date available for work _____ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)

Part-Time (please indicate MORNING AFTERNOON 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

Date: _____

Position: _____

Name: _____

EDUCATION

	Name and Address Of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities

Describe any job-related training received in the United State military

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and voluntary activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

List professional, trade, business or civic activities and offices held.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Check Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery	Other
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be beneficial to us in considering your application.

Note to Applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job for which you are applying either with or without a reasonable accommodation? YES NO

REFERENCES

1. _____ (_____) _____
Name Phone #

Address Title
2. _____ (_____) _____
Name Phone #

Address Title
3. _____ (_____) _____
Name Phone #

Address Title

APPLICANT'S 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 the City of Giddings 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 an authorized executive of the City of Giddings specifically acknowledges such change in writing.

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 City of Giddings.

Signature of Applicant

Date

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Arrange Interview ___ YES ___ NO

Remarks _____

Employed ___ YES ___ NO Start Date _____ Interviewer _____ Date _____

Job Title _____ Hourly Rate/Salary _____ Department _____

Approved by _____
Name and Title _____ Date _____



CITY OF GIDDINGS

118 E. RICHMOND STREET, GIDDINGS, TX 78942

Authorization for Release of Information

I hereby authorize any investigator or duly accredited representative of the City of Giddings bearing this signed release to obtain any information from schools, residential management agents, employers, criminal justice agencies, individuals, or credit agencies relating to my activities.

This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, personal finance, disciplinary, and conviction records. I hereby authorize the release of said information upon the request of the City of Giddings. I understand that the information released is for official use of the City of Giddings and may be disclosed to any necessary third parties for the fulfillment of official responsibilities.

Written inquiries about criminal convictions will not automatically disqualify an applicant for a particular position.

The type and seriousness of the crime, the frequency of violations, the applicant's age at the time of conviction, the date of conviction, and the applicant's entire work and educational history will be considered.

I hereby release any individual, including record custodians, from any and all liability for damages of any nature that may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Applicant's Name (Print)

Date

Applicant's Signature

Social Security Number

Address

Phone

Date of Birth