

For Office Use Only:			
Date received completed application:			
Position applied for:			
Last Name of Applicant:			

## APPLICATION FOR EMPLOYMENT

- Please print.
- Only completed applications will be accepted.
- The City of Hallettsville is an equal opportunity employer.

### **BASIC INFORMATION**

NAMELAST	FIRST	MIDDLE	
ADDRESS			
STREET	CITY	STATE	ZIP CODE
TELEPHONE NUMBER () _ AREA CODE	EMAIL:		
POSITION(S) APPLIED FOR	1	DATE OF APPLICATION/_	/
f necessary, best time to call you is		<u></u>	
May we contact you at work?			YES NO
If yes, work number and best time to ca	ll(		
Have you filed an application here before	re?	CODE	YES 🗌 NO
If yes, give date			/
Have you been employed here before? .			YES   NO
If yes, give dates	FROM/	TO	/
Are you at least 18 years of age?			YES 🗌 NO
Are you legally eligible for employmen	t in this country?		YES 🗌 NO
Have you ever been convicted of a crim (Convictions will not automatically disc	inal offense other than minor traffic violation	ons?	YES  NO
If yes, indicate date(s) and type of offen	se(s)		
Date available for work			/
Γype of employment desired:	☐ Full Time ☐ Part-Time ☐	Temporary	<b>)</b> p
Are you on a lay-off and subject to reca	11?		YES 🔲 NO
	orking the number of hours per week requi	<u> </u>	YES NO
Will you work overtime if required?			YES NO
Are you related to any current employee	e or elected official of the City of Hallettsvi	lle?	YES 🗌 NO
If yes, please indicate name and relation	ship:		
Driver's License Number:	-	State Issued: Expiration Da	

## EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE	DATES EMPLOYED		Summarize the nature of the
	( )	FROM	TO	work performed and job responsibilities
ADDRESS	,			
JOB TITLE		HOURLY RA	TE/SALARY	_
JOB IIILE			ARTING	$\dashv$
IMMEDIATE SUPERVISOR AND TITI	LE	\$	PER	
REASON FOR LEAVING			RLY RATE	
			INAL	<u> </u>
MAY WE CONTACT FOR REFERENCE	EP. YES NO LATER	\$	PER	
EMPLOYER	TELEPHONE	DATES	EMPLOYED	Summarize the nature of the
		FROM	ТО	work performed and job
ADDRESS	( )			responsibilities
THE STREET				
JOB TITLE		HOURLY RA	TE/SALARY	
		STA	ARTING	
IMMEDIATE SUPERVISOR AND TITI	LE	\$	PER	
REASON FOR LEAVING			RLY RATE TINAL	<u> </u>
			PER	
MAY WE CONTACT FOR REFERENCE	E? YES NO LATER	\$	PEK	
			1	
EMPLOYER	TELEPHONE	DATES	EMPLOYED	Summarize the nature of the work performed and job
	( )	FROM	ТО	responsibilities
ADDRESS				
JOB TITLE		HOURLY RA	TE/SALARY ARTING	_
IMMEDIATE SUPERVISOR AND TITI	LE	\$	PER	$\dashv$
REASON FOR LEAVING		HOURLY RATE		
		FINAL		
		\$	PER	
MAY WE CONTACT FOR REFERENCE	E? LYES L NO LATER			
EMPLOYER	TELEPHONE	DATES	EMPLOYED	Summarize the nature of the
		FROM	TO	work performed and job
ADDRESS	( )			responsibilities
ADDRESS				
JOB TITLE		HOURLY RA	TE/SALARY	_
VOD 11122	STARTING			
IMMEDIATE SUPERVISOR AND TITI	LE	\$	PER	
DE LOON FOR LEAVING		HOLI	NA DA EE	_
REASON FOR LEAVING		HOURLY RATE FINAL		
		\$	PER	
MAY WE CONTACT FOR REFERENCE	CE? YES NO LATER	Ψ		
		<u>l</u>		•
Comments (including explanation	ns or any gaps in employment):			

# EDUCATIONAL BACKGROUND

<b>A.</b> List last three (3) schools attended, star earned, if any, and <b>D.</b> major and minor field			completed, C. Indie	cate degree or diploma
A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE DIPLOMA	D.	AJOR D. MINOR
List any foreign language(s) and check the	box that best describe	s your skill level.		
LANGUAGE	READ AND WRITE	READ AND SPEA	K READ ONLY	SPEAK ONLY
	REFEI	RENCES		
List name and telephone number of three I	personal references wh	o are not related to you	u and are not previo	us supervisors.
NAME		TELEPHO	ONE	YEARS KNOWN
	(	)		
	(	)		
		)	<b></b>	
List professional, trade, business or civic a	ssociations and any of	fices held. (Answers t		
ORGANIZATION			OFFICES HEL	D
	SKILLS AND QU			
C				· C
Summarize special skills and qualification our organization:		•		
our organization.				
			······································	
List any professional certifications or licer	nses you hold:			
List special accomplishments, publications	s, awards:			<del>-</del>

#### AFFIDAVIT

I certify that the answers given on this application are true and correct. I understand that my failure to answer all non-optional questions asked by this application, or falsification of any statement made herein, may result in rejection of my application or dismissal from employment if discovered after hiring. Furthermore, I understand that just as I am free to resign at any time, the City of Hallettsville reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the City of Hallettsville has the authority to make any assurances to the contrary.

I give the City of Hallettsville the right to investigate all references and to secure additional information about me, including conducting a criminal background check. I hereby release from liability the City of Hallettsville and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

As part of the employment process and/or from time to time during my employment by the City, if employed, I agree to submit upon request to a physical examination and/or drug and alcohol screening by a physician or laboratory selected and paid by the City.

I also agree that, if I am employed in a job requiring the operation of a motor vehicle, my failure to maintain a driving record acceptable to the City's general liability insurance carrier shall be considered misconduct that may result in my dismissal.

The City of Hallettsville is an equal opportunity employer. The City of Hallettsville does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only (90) days. At the conclusion of this time, if I have not heard from the City of Hallettsville and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant	
------------------------	--

#### **APPLICANT SURVEY** (COMPLETION IS VOLUNTARY)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age over 40 years, marital or veteran status, the presence of a non-job-related medical condition or disability,

or any other legally protected status. Date \_\_\_\_/\_\_\_ POSITION(S) APPLIED FOR REFERRAL SOURCE ☐ ADVERTISEMENT ☐ EMPLOYEE ☐ RELATIVE ☐ WALK-IN ☐ SCHOOL GOVERNMENT EMPLOYMENT AGENCY PRIVATE EMPLOYMENT AGENCY ☐ TML CAREER CENTER ☐ OTHER \_\_\_\_ APPLICANT'S NAME First Middle ADDRESS STREET CITY STATE ZIP CODE As required, we comply with government regulations including Affirmative Action obligations where they apply. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this application data survey. Your cooperation is appreciated. Please be advised that your survey is considered confidential information and is not a part of your official application for employment DATE OF BIRTH ....../ CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUP WHITE AMERICAN INDIAN/ALASKAN NATIVE HISPANIC BLACK ASIAN/PACIFIC ISLANDER **OTHER** CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE VETERAN DISABLED VETERAN ☐ DISABLED INDIVIDUAL If handicapped or disabled, what is the nature of your handicap/disability? If hired into the position for which you are applying, what accommodation would you need in order to perform the job properly and safely?