

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 work performed and job responsibilities
	() --	FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
EMPLOYER	TELEPHONE	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities
	() --	FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
EMPLOYER	TELEPHONE	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities
	() --	FROM	TO	
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JOB TITLE		HOURLY RATE/SALARY		
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		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
EMPLOYER	TELEPHONE	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities
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ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

Comments (including explanations or any gaps in employment):

EDUCATIONAL BACKGROUND

A. List last three (3) schools attended, starting with last one, **B.** List number of years completed, **C.** Indicate degree or diploma earned, if any, and **D.** major and minor field of study (if applicable).

A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE DIPLOMA	D. MAJOR	D. MINOR

List any foreign language(s) and check the box that best describes your skill level.

LANGUAGE	READ AND WRITE	READ AND SPEAK	READ ONLY	SPEAK ONLY

REFERENCES

List name and telephone number of three personal references who are not related to you and are not previous supervisors.

NAME	TELEPHONE	YEARS KNOWN
	() --	
	() --	
	() --	

List professional, trade, business or civic associations and any offices held. (Answers to this question are optional.)

ORGANIZATION	OFFICES HELD

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our organization: _____

List any professional certifications or licenses you hold: _____

List special accomplishments, publications, awards: _____

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 _____ **Date** ____/____/____

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 _____
Last
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 MALE FEMALE

CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUP

- HISPANIC BLACK | WHITE AMERICAN INDIAN/ALASKAN NATIVE
- 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?
