**Application** 

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 IDate of Application

|  |
| --- |
|  |
| 0 Advertisement0 Employment Agency | 0 Friend0 Relative | 00 | Inquiry Other |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name |  |  | First Name | Middle Name |  |
| Address | *Number* | *Street* |  | *City State* | *Zip Cade* |
| Telephone Number(s)' | Social Security Number (voluntary}- - |

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?

'

Have you ever filed an application with us before?

If Yes, give date \_

Have you ever been employed with us before? If Yes, give date \_

Do any of your friends or relatives, other than spouse, work here?

If Yes, state name, relationship, and location -- ---------- Are you currently employed?

May we contact your present employer?

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 employment.*

AM PM

* Yes □ No
* Yes □ No
* Yes □ No

D Yes □ No

□Yes D No

* Yes □ No

D Yes □ No

Date you **will** be available for work / / What is your desired salary range? \_

Are you available to work: □ Full Time

 \_\_ Part Time (Please indicate Mornings Afternoon Evenings)

 \_\_\_ Temporary (Please indicate dates available \_\_/\_\_-

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SCHOOL | NAME AND ADDRESS OF SCHOOL | COURSE OF STUDY | No. OF YEARSCOMPLETED | 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{s) |  |
| Starting/Present Job Title | Hourly Rate/Salary |  |
| Starting | Final |
| Supervisor |  |  |  |
| Reason for Leaving | MAY WE CONTACT OYEs □ No |

|  |  |  |
| --- | --- | --- |
| Employer | Dates EmployedFrom To | Work Performed |
| AddressTelephone Number(s) |  |
|  |
| Starting/Present Job Title | Hourly Rate/SalaryStarting Final |  |
| SupervisorReason for leaving |  |
| MAY WE CONTACT Yes □ No |

|  |
| --- |
| Employer Dates Employed Work PerformedFrom To |
| AddressTelephone Number(s) |  |
|  |
| Starting/Preserit Job Title Hourly Rate/SalaryStarting Final |
| SupervisorReason for Leaving |  |
| MAY WE CONTACT | 0 | YES | □ No |

|  |
| --- |
| Employer Dates Employed Work PerformedFrom To |
| AddressTelephone Number(s) |  |
|  |
| Starting/Present Job Title Hourly Rate/SalaryStarting Final |
| SupervisorReason for Leaving |  |
| MAY WE CONTACT | 0 | YES | □ No |

|  |
| --- |
| 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. |
|  |
|  |
|  |

**ADDITIONAL INFORMATION**

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SPECIALIZED SKILLS** .(SKILLS/EQUIPMENT OPERATED)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| -- | Terminal |   | Spreadsheet | Production/Mobile Machinery (list) | Other (list) |  |
| -- | PC/MAC |   | Word Processing |  |  |
|  |
|   | Typewriter | -- | Shorthand |
| WPM -- WPM --*State any additional information you feel may be helpful to us in considering your application.* |  | . |
|  |
|  |
|  |

**PLEASE INDICATE ANY FOREIGN LANGUAGES You CAN SPEAK, READ, OR WRITE**

**Fluent**

Good

Fair

**Speak**

Write

Read

PERSONAL/PROFESSIONAL REFERENCES

(Do not include family members or past supervisors.)

 Name Phone Number Email Address Occupation

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 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 even 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

FOR PERSONNEL DEPARTMENT USE ONLY

 Position (s) Applied For Is Open: \_\_\_ Yes \_\_\_\_\_No

 Position (s) Considered For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Arrange Interview \_\_\_Yes \_\_\_\_\_No

 Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Employed: \_\_\_\_Yes \_\_\_\_\_ No Date of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Hourly Rate/Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 

6810 Guyler Bldg. B • P.O. Box 190 • Wallis, Texas 77485-0190 Phone: 979-478-6712 • Fax: 979-478-7537

**www.wallistexas.org**

# BACKGROUND INQUIRY RELEASE

## I UNDERSTAND THAT THE City of Wallis will be conducting a background investigation on me, including but not limited to identity and prior address verification, criminal history, driving record, credit history, medical history, education verification, licensing verification, prior employment verification, work and other references, as well as any other information that the investigator deems necessary.

I understand that the information and reports developed may include information as to my character, work habits, job performance and experience, along with reasons for termination of prior employment. I further understand that for purposes of this background investigation, various sources will be contacted to provide information, including but not limited to various federal, state municipal, corporate, private and other sources which may contain records concerning my past activities relating to possible criminal conduct, civil litigation, driving history and credit performance as well as any other information the investigator feels is necessary.

I authorize, without reservation, any company agency, party or other source contacted to furnish the above information. I also consent to the retrieval of the above documents. I also understand and agree that all information received by the City of Wallis as a result of this investigation connected with my application is confidential and shall NOT be disclosed to me at any time.

Applicant Signature Date

Print Name Date of Birth

DL#

**MUST PROVIDE A COPY OF YOUR DRIVERS LICENSE**



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# Confidential Information Agreement

## In the event you are not selected by the City of Wallis for employment, you will never be told on what grounds you were not selected. At no time will any part of the background investigation be made available to you.

I have read the above statement and fully understand that no information concerning the decision of my background investigation will be made available to me.

Signature of Applicant Date

Print Name