

EMPLOYMENT HISTORY:

LAST OR PRESENT EMPLOYER

ADDRESS

CITY STATE ZIP

IMMEDIATE SUPERVISOR

AREA CODE AND TELEPHONE NUMBER

REASON FOR LEAVING

FROM: [] [] - [] [] THRU: [] [] - [] []
MONTH YEAR MONTH YEAR

POSITION HELD

\$ [] [] . [] [] OR \$ [] [] [] , [] [] []
FINAL HOURLY PAYRATE FINAL ANNUAL SALARY

ARE YOU CURRENTLY ON LAYOFF STATUS AND SUBJECT TO RECALL? YES NO

MAY WE CONTACT THE EMPLOYER FOR A REFERENCE? YES NO

NEXT PREVIOUS EMPLOYER

ADDRESS

CITY STATE ZIP

IMMEDIATE SUPERVISOR

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REASON FOR LEAVING

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MAY WE CONTACT THE EMPLOYER FOR A REFERENCE? YES NO

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MAY WE CONTACT THE EMPLOYER FOR A REFERENCE? YES NO

JOB DESCRIPTION:

FURNISHED ALONG WITH THIS APPLICATION IS A COPY OF THE JOB DESCRIPTION FOR THE POSITION FOR WHICH YOU ARE APPLYING. PLEASE READ IT CAREFULLY AND ANSWER THE FOLLOWING QUESTIONS:

1. DO YOU UNDERSTAND IT? YES NO
2. CAN YOU PERFORM EACH OF THE JOB FUNCTIONS LISTED ON THE JOB DESCRIPTION? YES NO

3. IF NOT, PLEASE LIST THE FUNCTIONS THAT YOU CANNOT PERFORM: _____

4. IF THERE IS AN ACCOMMODATION THAT YOU BELIEVE THE CITY COULD MAKE THAT WOULD ENABLE YOU TO PERFORM THE FUNCTION(S) LISTED IN YOUR ANSWER TO NO. 3, PLEASE DESCRIBE IT BELOW: _____

EDUCATION

SCHOOLS	NAME OF SCHOOL	LOCATION	YEARS ATTENDED	GRADUATE	DEGREE
HIGH SCHOOL					
JUNIOR COLLEGE, COLLEGE OR TRADE SCHOOL					
OTHER COLLEGE OR GRADUATE SCHOOL					
OTHER					

DESCRIBE ANY OTHER EDUCATION OR SPECIALIZED TRAINING YOU HAVE RECEIVED OR ANY LEVELS OF OPERATOR CERTIFICATION, SPECIAL SKILLS, ETC. THAT YOU HAVE THAT ARE PERTINENT TO THE JOB FOR WHICH YOU ARE APPLYING:

IF YOU DO NOT HAVE A HIGH SCHOOL DIPLOMA, DO YOU HAVE A CERTIFICATE OF EQUIVALENCY (G.E.D.)? YES NO

PERSONAL REFERENCES:

GIVE BELOW THE NAMES OF THREE (3) PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR:

NAME OF REFERENCE NO. 1	LENGTH OF TIME KNOWN BY REFERENCE
HOME ADDRESS	BUSINESS ADDRESS
CITY STATE ZIP	CITY STATE ZIP
<div style="border: 1px solid black; display: flex; justify-content: space-between; align-items: center;"> AREA CODE AND TELEPHONE NUMBER (HOME) </div>	<div style="border: 1px solid black; display: flex; justify-content: space-between; align-items: center;"> AREA CODE AND TELEPHONE NUMBER (WORK) </div>
NAME OF REFERENCE NO. 2	LENGTH OF TIME KNOWN BY REFERENCE
HOME ADDRESS	BUSINESS ADDRESS
CITY STATE ZIP	CITY STATE ZIP
<div style="border: 1px solid black; display: flex; justify-content: space-between; align-items: center;"> AREA CODE AND TELEPHONE NUMBER (HOME) </div>	<div style="border: 1px solid black; display: flex; justify-content: space-between; align-items: center;"> AREA CODE AND TELEPHONE NUMBER (WORK) </div>
NAME OF REFERENCE NO. 3	LENGTH OF TIME KNOWN BY REFERENCE
HOME ADDRESS	BUSINESS ADDRESS
CITY STATE ZIP	CITY STATE ZIP
<div style="border: 1px solid black; display: flex; justify-content: space-between; align-items: center;"> AREA CODE AND TELEPHONE NUMBER (HOME) </div>	<div style="border: 1px solid black; display: flex; justify-content: space-between; align-items: center;"> AREA CODE AND TELEPHONE NUMBER (WORK) </div>

WHERE DID YOU LEARN OF THIS POSITION?

GROUPBUILDER

TML

LINKEDIN

SOCIAL MEDIA

FRIEND

REFERRED BY

OTHER

EXPLAIN

I AUTHORIZE THE CITY OF ALVIN OR ITS DESIGNEES TO INVESTIGATE ALL STATEMENTS CONTAINED IN THIS APPLICATION. I ALSO AUTHORIZE AND REQUEST ANY AND ALL OF MY FORMER EMPLOYERS AND ANY OTHER PERSON, FIRM, OR CORPORATION TO FURNISH ANY AND ALL INFORMATION REQUESTED BY THE CITY OF ALVIN OR ITS DESIGNEES CONCERNING MY JOB PERFORMANCE, SUITABILITY FOR EMPLOYMENT, JOB QUALIFICATIONS, AND PERSONAL BACKGROUND, AND I HEREBY RELEASE EACH SUCH EMPLOYER OR OTHER PERSON, FIRM, OR CORPORATION FROM ANY AND ALL LIABILITY BY REASON OF FURNISHING THE REQUESTED INFORMATION. IN ADDITION, IF I SHOULD BECOME EMPLOYED BY THE CITY OF ALVIN, I EXPRESSLY AUTHORIZE THE CITY OF ALVIN TO RELEASE INFORMATION ABOUT MY JOB PERFORMANCE, JOB QUALIFICATIONS, AND SUITABILITY FOR EMPLOYMENT TO ANY PERSON WHO MAY REQUEST SUCH INFORMATION EITHER DURING MY EMPLOYMENT OR AFTER MY EMPLOYMENT TERMINATES, AND I EXPRESSLY RELEASE THE CITY OF ALVIN FROM ANY LIABILITY FOR DISCLOSING SUCH INFORMATION.

I CERTIFY THAT ALL THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT ANY MISREPRESENTATION, MISSTATEMENT, FALSIFICATION OR OMISSION OF INFORMATION IN THIS APPLICATION IS CAUSE FOR MY REJECTION OR IMMEDIATE DISMISSAL IF I SHOULD BECOME EMPLOYED. I ALSO UNDERSTAND AND AGREE THAT, IF I SHOULD BECOME EMPLOYED, MY EMPLOYMENT WITH THE CITY OF ALVIN IS FOR NO DEFINITE TIME PERIOD AND MAY BE TERMINATED WITH OR WITHOUT CAUSE AT ANY TIME AT THE OPTION OF THE CITY OR MYSELF. I UNDERSTAND THAT THE COMPLETION OF THIS EMPLOYMENT APPLICATION DOES NOT INDICATE THAT THERE ARE POSITIONS AVAILABLE AND DOES NOT OBLIGATE THE CITY OF ALVIN TO OFFER ME A POSITION IF POSITIONS ARE AVAILABLE. IF I AM EMPLOYED I AGREE TO CONFORM TO THE POLICIES, RULES, AND REGULATIONS OF THE CITY OF ALVIN. I UNDERSTAND THAT THE CITY REQUIRES A PRE-EMPLOYMENT PHYSICAL EXAMINATION AND DRUG AND ALCOHOL TEST PRIOR TO EMPLOYMENT. IF CONDITIONALLY OFFERED EMPLOYMENT I AGREE TO UNDERGO THE PHYSICAL EXAMINATION AND DRUG AND ALCOHOL TEST. I ALSO UNDERSTAND THAT NO SUPERVISOR OR REPRESENTATIVE OF THE CITY OF ALVIN HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, EITHER PRIOR TO COMMENCEMENT OF EMPLOYMENT OR AFTER I HAVE BECOME EMPLOYED.

APPLICANT SIGNATURE

		-			-		
MONTH			DAY			YEAR	

NOTE: IF YOU HAVE A RESUME, PLEASE ATTACH IT TO THIS APPLICATION.