



**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

\_\_\_\_\_  
AREA CODE AND TELEPHONE NUMBER

\_\_\_\_\_  
REASON FOR LEAVING

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

POSITION HELD

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

MAY WE CONTACT THE EMPLOYER FOR A REFERENCE?  YES  NO

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NEXT PREVIOUS EMPLOYER

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CITY STATE ZIP

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IMMEDIATE SUPERVISOR

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REASON FOR LEAVING

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

POSITION HELD

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

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: \_\_\_\_\_



**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.