

AN EQUAL OPPORTUNITY EMPLOYER

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E.,R.N.,Attorney,C.P.A.,etc.)	Date Issued	Date Expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License Number

Special Training/Skills/Qualifications: List all related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional pages, if necessary)

Do you speak a language other than English? Yes ___ No ___

If yes, what language(s) do you speak? _____ How fluently? Fair ___ Good ___ Excellent ___

Do you also write in the language(s) Yes ___ No ___

Have you ever been employed by any other City? Yes ___ No ___ Are you currently employed by any other City? Yes ___ No ___

If you answered yes, list the agency/agencies: _____

MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran? Yes ___ No ___ If Yes, list type of discharge status _____

Dates of Service (From/To): _____

Are you a surviving spouse of a veteran? Yes ___ No ___ Are you a surviving orphan of a veteran? Yes ___ No ___

If yes, complete dates of service for veteran (From/To): _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that some cities check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable status.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
5. I understand that disclosure of my Social Security Number (SSN) is optional. The agency to which I am applying may use the SSN for administrative tracking purposes and for identification of individuals. This is in accordance with the Federal Law U.S.C. 552a Section 7(b).

THIS APPLICATION MUST BE SIGNED SIGN HERE: _____
Signature-Applicant Date

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first.
2. Employment history should include **each position** held, even those with the same employer.
3. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
4. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
5. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

NAME: _____
Last
First
Middle
Social Security No.

Position Title: Employer: Mailing Address: City & State/Zip: Employer's Ph. No. AC()			Supervisor Name: Title:		Full Time _____ Part-Time _____ Summer _____ Temp/Project _____
Starting Date Mo. Day Yr.	Leaving Date Mo. Day Yr.	Current/ Final Salary \$	Non Managerial _____ Supervisory/Managerial _____ How many employees _____		
Summary of experience: _____ _____					
Specific reason for leaving:					

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APPLICANT EEO DATA FORM

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as a part of the application for employment. It will be separated from the application.

Job posting No.	Social Security No.	Last Name (Type or print)		First	Middle
Address		City	State	Zip Code	Home Phone
Alternate Phone					
Sex Male ___ Female ___	Date of Birth	Ethnic Origin (Check mark preferred)			
		White ___	Black ___	Hispanic ___	Asian/Pac. Islander ___
				Am. Ind/Alaskan ___	Other ___
Veteran Yes ___ No ___		Spouse of Veteran		Orphan of Veteran	
How did you find out about this job?					
___ Other City Employee		___ Newspaper		___ Television	
___ Job Fair		___ Human Resource/Personnel Office		___ WorkIn Texas.com	
___ Professional Publication		___ Radio		___ Other (specify)	
___ Recruitment Poster		___ Agency Web Site – Internet		_____	

X _____
Signature - Applicant Date

White (Not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (Not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.

Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.

Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China India, Japan, Korea, the Phillipine Islands, and Samona.

American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

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