

APPLICATION FOR EMPLOYMENT  
 CITY OF KEMPNER  
*An equal opportunity employer*  
 P.O. BOX 660, KEMPNER, TEXAS 76539

The City of Kempner does not discriminate on the basis of race, color, creed, religion, sex, sexual orientation, age, national origin, disability, handicap, veteran's status, or political belief. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

*Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.*

\_\_\_\_\_  
 LAST NAME                                      FIRST NAME                                      MIDDLE NAME

\_\_\_\_\_  
 MAILING ADDRESS                              CITY                                      STATE                                      ZIP

\_\_\_\_\_  
 HOME PHONE                                      OTHER MESSAGE PHONE

POSITION APPLYING FOR: \_\_\_\_\_

DATE AVAILABLE TO BEGIN WORK \_\_\_\_\_ CAN YOU TRAVEL IF THE JOB REQUIRES? YES  NO

IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE U.S.? YES  NO

HAVE YOU EVER BEEN CONVICTED, OF ANY MISDEMEANOR OR FELONY? YES  NO  (If your answer is "yes", explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case. A conviction may not disqualify you, but a false statement will.)

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES  NO  HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN REVOKED? YES  NO

(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment. The date of the event, nature and seriousness of the violation and the rehabilitation will be taken into account.)

DRIVER'S LICENSE # \_\_\_\_\_ ISSUING STATE \_\_\_\_\_

EDUCATION

HIGH SCHOOL GRADUATE? YES  NO  NAME OF HIGH SCHOOL: \_\_\_\_\_

COLLEGE(S) ATTENDED	DEGREE/DIPLOMA OBTAINED?	MAJOR/MINOR OBTAINED
_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____

LANGUAGES	READ	WRITE	SPEAK	FLUENCY
ENGLISH				
SPANISH				
OTHER:				

WHAT SKILLS OR ADDITIONAL TRAINING DO YOU HAVE THAT ARE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING? \_\_\_\_\_

DESCRIBE ANY BUSINESS EQUIPMENT WITH WHICH YOU ARE FAMILIAR (computers, photocopiers, phone, etc.) \_\_\_\_\_

### EMPLOYMENT HISTORY

LIST NAMES OF EMPLOYERS IN CONSECUTIVE ORDER WITH PRESENT OR LAST EMPLOYER LISTED FIRST. ACCOUNT FOR ALL PERIODS OF TIME, INCLUDING MILITARY SERVICE. PHOTOCOPY THIS PAGE AS NEEDED.

EMPLOYER: _____	TELEPHONE : (____) _____
MAILING ADDRESS: _____	CITY : _____ STATE: _____
SUPERVISOR: _____	SALARY: _____
NATURE OF BUSINESS: _____	JOB TITLE: _____
EMPLOYMENT DATES: _____ Month _____ Year	TO _____ Month _____ Year
RESPONSIBILITIES: _____ _____	
REASON FOR LEAVING: _____	

EMPLOYER: _____	TELEPHONE : (____) _____
MAILING ADDRESS: _____	CITY : _____ STATE: _____
SUPERVISOR: _____	SALARY: _____
NATURE OF BUSINESS: _____	JOB TITLE: _____
EMPLOYMENT DATES: _____ Month _____ Year	TO _____ Month _____ Year
RESPONSIBILITIES: _____ _____	
REASON FOR LEAVING: _____	

EMPLOYER: _____	TELEPHONE : (____) _____
MAILING ADDRESS: _____	CITY : _____ STATE: _____
SUPERVISOR: _____	SALARY: _____
NATURE OF BUSINESS: _____	JOB TITLE: _____
EMPLOYMENT DATES: _____ Month _____ Year	TO _____ Month _____ Year
RESPONSIBILITIES: _____ _____	
REASON FOR LEAVING: _____	

PERSONAL REFERENCES: (DO NOT INCLUDE RELATIVES)

NAME	COMPLETE MAILING ADDRESS	PHONE

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF KEMPNER? YES  NO

If yes, explain: \_\_\_\_\_

DOES A MEMBER OF YOUR FAMILY WORK FOR THE CITY OF KEMPNER? YES  NO

If yes, explain: \_\_\_\_\_

*(Family is defined as father, mother, brother, sister, son, daughter, spouse, father/mother-in-law, brother-in-law/sister-in-law, grandfather/grandmother, grandson/granddaughter, niece, nephew, aunt, uncle, cousin, step-son/step-daughter.)*

PLEASE INCLUDE ANY OTHER INFORMATION WHICH YOU FEEL WOULD BE HELPFUL TO US IN CONSIDERING YOU FOR EMPLOYMENT, SUCH AS SKILLS GAINED WITH PREVIOUS JOBS, ARTICLES PUBLISHED, COMMUNITY ACTIVITIES OR INVOLVEMENT, OR OTHER ACCOMPLISHMENTS. YOU MAY EXCLUDE ALL INFORMATION INDICATIVE OF RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, AGE, NATIONAL ORIGIN, DISABILITY, VETERAN'S STATUS, POLITICAL BELIEF, OR ANY OTHER LEGALLY PROTECTED STATUS.

ARE YOU PRESENTLY EMPLOYED? YES  NO

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES  NO  N/A

MAY WE CONTACT YOUR FORMER EMPLOYERS? YES  NO  N/A

CAN YOU WORK OVERTIME/WEEKENDS/EVENINGS? YES  NO

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

*I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.*

*I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record, and criminal history. I authorize any person, school, current and former employers, unless specified above, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the job for which I am being considered or any future job in the event that I am hired.*

*I understand that compliance with the City of Kempner's Policies is a condition of my employment.*

*I understand that I may be required to successfully pass a drug-screening examination, and/or physical examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of my employment, if required.*

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

*I have read, understand, and by my signature consent to these statements.*

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Resumes accepted, but not in lieu of this application. Only applicants selected for interview will receive written notification of results.**

# City of Kempner

## AUTHORITY FOR RELEASE OF INFORMATION WAIVER

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Kempner whether the said records are public, private or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of criminal history records; driving records, records of educational institutions; financial or credit institutions, including records of loans; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Kempner. I also certify that any person(s) who may furnish such information and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Social Security #*

\_\_\_\_\_  
*City/State/Zip Code*