



EMPLOYMENT APPLICATION

THE CITY OF KEMPNER IS AN EQUAL OPPORTUNITY EMPLOYER. State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, religion, age, mental or physical disability, veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

NOTE: Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary.

- Name:** _____
Last First Middle
- Address** : _____
Street City State Zip
- Telephone Number:** _____
- Email** _____
- Do you have a legal right to work in the United States?** Yes No *If employed, you will be required to provide proof.*
- Have you been employed by or previously applied to the City?** Yes No
- If yes, Month and Year of last employment or application date: Enter Month and Year
- Have you ever used another name that we would need to verify your employment experience and education?**
 Yes No If yes, indicate such name and the date the name changed:

POSITION

- Position for which you are applying:** _____
- Salary/wage desired:** _____ per _____
- Are you available to work** Full-Time Part-Time Temporary On-Call
- Have you been given a Job Description, or have the requirements of the job been explained to you?** Yes No

Do you understand these requirements? Yes No

5. Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation? Yes No

SPECIAL SKILLS AND TRAINING

1. Describe specialized training, apprenticeships, skills or research:

2. List current certifications and/or professional licenses, if any, and where registered:

3. Office/business equipment and software qualified or trained to use:

Please Check Software and List Programs (i.e., Word, Excel, etc.):

- | | |
|--|--|
| <input type="checkbox"/> Word Processing _____ | <input type="checkbox"/> basic <input type="checkbox"/> adv. |
| <input type="checkbox"/> Spreadsheet _____ | <input type="checkbox"/> basic <input type="checkbox"/> adv. |
| <input type="checkbox"/> Database _____ | <input type="checkbox"/> basic <input type="checkbox"/> adv. |
| <input type="checkbox"/> Accounting _____ | <input type="checkbox"/> basic <input type="checkbox"/> adv. |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> basic <input type="checkbox"/> adv. |

4. Please indicate any language skills, other than English:

EMPLOYMENT EXPERIENCE

Directions: Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated. If you need more space to explain certain situations, feel free to attach additional pages.

THE FOLLOWING MUST BE COMPLETED IN DETAIL— **RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.**

Are you currently employed? Yes No *If yes, may we contact your current employer at anytime?* Yes No

You may contact my current employer, but only when:

1	Employer	Dates Employed		Key Responsibilities
		From	To	
	Address			
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number		
Job Title	Hourly Rate/Salary			
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?	Starting	Final		

2	Employer	Dates Employed		Key Responsibilities
		From	To	
	Address			
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number		
Job Title	Hourly Rate/Salary			
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?	Starting	Final		

3	Employer	Dates Employed		Key Responsibilities
		From	To	
	Address			
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number		
Job Title	Hourly Rate/Salary			
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?	Starting	Final		

4	Employer	Dates Employed from to	Address	Job Title
5	Employer	Dates Employed from to	Address	Job Title
6	Employer	Dates Employed from to	Address	Job Title
7	Employer	Dates Employed from to	Address	Job Title

EDUCATION AND TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE	MAJOR	Choose Last Year
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Community College		From: To: Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
College/University		From: To: Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Graduate School		From: To: Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Business/Trade/Night School		From: To: Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

EMPLOYMENT REFERENCES

Name	Business Relationship	Organization/Address	Telephone

CERTIFICATION

DIRECTIONS: PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL BEFORE SIGNING THIS APPLICATION FORM.

I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this, or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the employment with the City regardless of the time that has elapsed before discovery.

I authorize the City or its designated agents to contact my references and to investigate my past employment, credit history, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to the City from all liability or responsibility with respect to information supplied to the City.

I request, authorize, and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy format, shall be valid for one year from the date indicated next to my signature below. According to the *Fair Credit Reporting Act*, I will be notified if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided.

I understand that filing this application in no way assures me a position with the City, and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and at the option of either the City or myself. I further understand that no one other than those described in the City Policy Manual of the City 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.

If employed by the City, I agree to abide by the rules, policies and procedures of the City and subsequent rules, policies and procedures that may become effective after employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination, and such examination may include drug and alcohol screening. I understand that the City believes strongly in a drug-free work environment and agree to abide by the drug and alcohol policies of the City during the time of my employment.

Signature of Applicant

Date