

EMPLOYMENT APPLICATION

CITY OF INGRAM
230 HWY 39, INGRAM, TX 78025
PHONE: 830/367-5115
FAX: 830/367-3175

EQUAL OPPORTUNITY EMPLOYER

APPLICATIONS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE 40 OR OVER, NATIONAL ORIGIN, DISABILITY, OR OTHER PROTECTED STATUS UNDER STATE, FEDERAL, OR LOCAL EQUAL OPPORTUNITY LAWS.

APPLICANT MUST SUBMIT A FULLY COMPLETED AND SIGNED APPLICATION TO THE CITY'S ADMINISTRATIVE SUPERVISOR
INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED

Note: In order to gain a better understanding of your background, work history, and qualifications, we ask that you answer all questions completely and to the best of your knowledge. All information submitted is subject to verification. Any false or omitted response may result in disqualification from City employment or, if employed, disciplinary action up to and including termination. All information provided by applicants is subject to possible disclosure in accordance with the provisions of the Texas Public Information Act.

- ▶ PLEASE PRINT OR TYPE PLAINLY AND LEGIBLY - USE BLACK OR DARK BLUE INK
- ▶ SUBMIT AN ORIGINAL APPLICATION FOR EACH POSITION APPLYING FOR

Date Received by AS:	
Date Posted:	By:

Date of Application: _____, 20 ____

Position applying for: _____

Name	_____			Name Called	_____
	Last	First	Middle		
Home Address	_____				
	No.	Street			
	City	State	Zip	Home Tel. No.	_____
Best time to call:	_____ a.m./p.m.				
Mailing Address (if different)	_____				
	No.	Street			
	City	State	Zip	Other Tel. No.	_____

May we contact you at work? Yes No. If yes, work number and best time to call: _____ a.m./p.m.

Can you perform all of the functions of the job (see Job Posting) for which you are applying, with or without reasonable accommodation? Yes No

Rate of pay expected: \$ _____ per hour week month

Are you available to work: Full-time Part-time Summer Temporary Other Temporary

Are you over the age of 18? Yes No Social Security Number: _____

Are you legally eligible for employment in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment)

Are you able to work a shift other than 9 AM -5 PM? Yes No Are you willing to work weekends and holidays? Yes No

Has the City of Ingram ever previously employed you? Yes No If so, when? _____

Position: _____ Department/Division: _____

How did you learn of this job opening? _____

What prompted you to apply for work with the City? _____

If a job offer were extended, when would you be available to begin work? _____

EMPLOYMENT HISTORY

PLEASE NOTE BEFORE COMPLETING THIS SECTION:

- ▶ *A resume may be submitted. However, the employment history requested below MUST be provided in full.*
- ▶ List your history of employment starting with your present or last job.
- ▶ Indicate periods of unemployment in excess of ninety (90) days, military service, school, etc.

May we contact your current employer? Yes No

Name and Location of Company	Employed				Starting Salary	Ending Salary
	From		To			
	Mo	Yr	Mo	Yr	\$ _____	\$ _____
					per _____	per _____
Telephone: _____	Reason for leaving				Supervisor's Name	
State job title & describe your work					Supervisor's Job Title	

Name and Location of Company	Employed				Starting Salary	Ending Salary
	From		To			
	Mo	Yr	Mo	Yr	\$ _____	\$ _____
					per _____	per _____
Telephone: _____	Reason for leaving				Supervisor's Name	
State job title & describe your work					Supervisor's Job Title	

Name and Location of Company	Employed				Starting Salary	Ending Salary
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Name and Location of Company	Employed				Starting Salary	Ending Salary
	From		To			
	Mo	Yr	Mo	Yr	\$ _____	\$ _____
					per _____	per _____
Telephone: _____	Reason for leaving				Supervisor's Name	
State job title & describe your work					Supervisor's Job Title	

Explain any gaps in employment, referring to the dates:

EDUCATION and TRAINING

Do you have a GED Certificate? Yes No If yes, City & State: _____

School	Name City & State	Course of Study	Circle Last Year Attended	Did You Graduate?	Degree or Certification
High School			9, 10 11 or 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			Fr So Jr Sr	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical/ Vocational					

Licenses, Certificates, Skills and Training Acquired:

Describe job-related experiences, special skills, training, certification, and license acquired which would be helpful in assessing your qualifications for employment consideration for the position for which you are applying. *Applicants may be required to provide copies of licenses and certificates.* Please include expiration date if applicable.

Computer Skills and Experience Acquired:

Can you type or use a keyboard? Yes No If so, approximate w.p.m.: _____

Number of years of general computer experience: _____ years

Computer software programs proficient with:

- | | | | |
|---------------------------------|--------------------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> Word | <input type="checkbox"/> WordPerfect | <input type="checkbox"/> Excel | <input type="checkbox"/> Publisher |
| <input type="checkbox"/> Access | <input type="checkbox"/> PowerPoint | <input type="checkbox"/> CADD | <input type="checkbox"/> GIS |

Other: _____

PERSONAL REFERENCES

Please list your personal references excluding any employer and relatives:

Name	Occupation	Full Address	Home Phone	Business Phone

OTHER INFORMATION

Note: Please respond to the following questions. *If necessary, please explain any response in the space below.*

1. Is there any reason why you cannot get to work on time? No Yes
2. Are you able to maintain regular and predictable attendance? Yes No
3. Have you ever been discharged, fired, or asked to resign from employment due to misconduct? No Yes
4. Have you ever been convicted of a misdemeanor or felony, other than traffic violations, including DWIs, or pled guilty or no contest to a felony offense, in a civilian or military court? (Note: Information regarding convictions will not necessarily disqualify an applicant from employment.) No Yes
5. Have you ever worked under a different name? No Yes If "Yes", give name: _____
6. Are you related to any current employee or elected official of the City of Ingram? No Yes
If yes, please indicate name and relationship below.

In the space below, please clarify or explain any "no" response to question number 2 and any "yes" response to question numbers 1, 3, 4, 5 and/or 6, indicating the question number to which you are responding:

DISCLAIMER AND ACKNOWLEDGEMENTS

1. I certify the information provided in this application for employment is true, correct and complete to the best of my knowledge. Any misstatement or deliberate omission of fact on this application or pre-employment interview may be justification for refusal of, or if employed, termination from, employment.
2. I understand that if I am hired, the employment and salary offer it will be at the discretion of the Mayor, subject to the approval of the City Council.
3. I authorize any person, firm or corporation to provide the City of Ingram any information concerning my character, general reputation, personal characteristics and mode of living and release from any liability or damages any person, firm or corporation on account of furnishing or receiving such information. Representatives of the City of Ingram are hereby authorized to contact persons, including but not limited to, my present and previous employers, schools I attended and personal references I have listed, and to make any investigation of my employment background for the purposes of evaluating my qualifications for employment. You are also authorized to make any investigation of my personal history and financial credit record, including any criminal history, through any investigative agencies or bureaus of your choice. I understand I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any such investigative report that is made. _____ [Initial]
4. I understand if I am employed, such employment is for no definite period of time and the City of Ingram can change my position, wages, benefits, conditions and policies at any time. My employment is "at will" and can be terminated, with or without cause, at any time without liability for wages or salary except such as may have been earned at the date of such termination and that no promise to the contrary shall be binding to the City of Ingram unless placed in writing and signed by me and the Mayor or his/her representative.
5. I understand, as a condition of any initial and continued employment, I must agree to submit to the required drug or alcohol testing and, if required for the job position, a physical examination, as may be requested of me. I authorize any physician or medical facility to release any information that may be necessary to determine my ability to perform the duties of the position I may be offered.
6. I further understand that this is an application for employment and that no employment contract has been or is being offered.

I have read and understand the above and acknowledge and accept the above.

Date: _____, 20____ Signature: _____