

Employment Application

3144 Meridiana Pkwy Iowa Colony, TX 77583

We are an equal opportunity employer. Discrimination against or preference for any person in recruitment, hiring, discharge, pay, fringe benefits, membership, training, examination, appointment, promotion, retention, discipline or any other aspect of employment because of race, color, sex, age, religion, national origin, marital status, physical disability or non-merit factor is prohibited.

You may attach a resume, but you must complete all questions and items on this application. Please print or type.

Referral Source						
How did you learn about the	is employment oppo	ortunity?				
_	_					
Advertisement;	Generation Friend/Relativ	re;	🖵 Walk-in;		🖵 Emplo	oyment Agency;
Referred by current employed	loyee (If so, provide	e name of emp	ployee)			
☐ Other						
Personal Information						
Position				Social Se	ecurity Numl	per
Last Name First N	Jame Mi	iddle Name		Home Pl	none	
Address				Alternate	e Phone	
City	State	ZIP Code		E-Mail		
Do you have the legal right to reside and work in the Unites States? Proof of citizenship or immigration status will be required upon employment				Yes	🖵 No	
				🖵 No		
Have you ever been convicted of a violation or any criminal stature whether felony or misdemeanor (excluding parking violations)?				D No		
Are you able to meet the scl	hedule and attendan	ce requireme	nts of the posi	tion?	The Yes	D No
Are you available to work?	□ Full-time □	Part-time	🖵 Shif	ft work		Temporary

Education					
Education	Name and Adddress	Course	Years/Hours	Diploma/	
	of School	of Study	Completed	Degree	
High School					
College					
Graduate/ Professional					
Other					
Training/Job SI	kills/Certifications and Other Qualifications				
List any training skills which you	g programs or courses you have completed (inclue believe qualify you for this position:	ding military train	ning) and expe	erience or	
List any certifica	ations you currently possess:				
Please check the	ose job skills that you bring to this position:				
U Word Processin		atabase Managemen	nt 🖵 Calcul	ator	
	Key Station Terminal (CRT) Typewriter Construction Tools Tractors/Mowers Dump Trucks				
Backhoes/From					
Indicate foreign	languages you can speak, read, and/or write:				
Indicate foreign		Good 🗔 I	Fair		
	I Fluent	Good I	Fair		

Employment History						
Provide your employment history of employer. If more space is needed, a	covering the past 10 attach a separate shee	years beginning with your present or most recent t.				
Name of Employer		Supervisor's Name and Title				
Employer's Address/City/State		Employer's Telephone Number				
Your Title	Final Salary	Dates of Employment (month/year)				
Briefly Describe the Nature and Duties of Y	our Position					
Reason for Leaving						
Name of Employer		Supervisor's Name and Title				
Employer's Address/City/State		Employer's Telephone Number				
Your Title	Final Salary	Dates of Employment (month/year)				
Briefly Describe the Nature and Duties of Y	our Position					
Reason for Leaving						
Name of Employer		Supervisor's Name and Title				
Employer's Address/City/State		Employer's Telephone Number				
Your Title	Final Salary	Dates of Employment (month/year)				
Briefly Describe the Nature and Duties of Y Reason for Leaving	Cour Position					

General Information		
Has a copy of the job description been provided to you for review?	The Yes	🖵 No
Have you read the job description and do you understand the essential functions of the job?	The Yes	D No
Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you have applied as outlined in the job description?	The Yes	D No
Do you have any questions concerning the requirements of the job? If yes, have these questions been discussed with a representative of the City?	YesYes	☐ No ☐ No
If the position requires a driver's license, do you currently have a valid Texas Driver's License? If yes, provide number and class of license	The Yes	D No
Do you have a relative currently employed by the City? If yes, what is the nature of the relationship?	☐ Yes	D No
Personal References		
List three persons not related to you by blood or marriage who have not been listed section that can provide personal or professional references.	in the En	nployment History
Name and address 1.	I	Daytime Telephone
2.		
3.		
Acknowledgement		
Read carefully before signing. By my signature below, I certify, authorize or ackn	owledge	:

- That I have read and understand this application form, the job description, eligibility requirements, and that the information provided is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information provided in my application or interview(s) may result in my separation or not being hired. I further understand that the City is a Drug Free Workplace and I will submit to a pre-employment substance abuse screen and any other applicable job related testing or screening that is required as a condition of employment.
- That all my current and former employers may furnish the City all documents and information relating to my current and former employment or reasons for leaving employment, past or present, and I release my current and former employers and all their officers, agents, and representatives from all claims, liability and causes of action I may have now or in the future relating to in anyway to the furnishing of such documents or information.
- That this application is property of the City and will not be returned to me and that I am required to abide by all rules, regulations, policies, and procedures of the City and that this application for employment is not to be construed as an employment agreement or contract.
- That if reasonable accommodation is required due to a disability, I must inform the Personnel Specialist and I will also state, to the best of my knowledge, specific accommodation(s) I will require.

Applicant Signature



Applicant Data Record

Applications are considered for all positions and employees are treated during employment without regard to race, color, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Government agencies require periodic reports on the sex, ethnicity, physically challenged and veterans status of applicants. As an employer, we comply with state and federal government regulations and affirmative action responsibilities.

Solely to assist us in complying with state and federal record keeping, reporting, and other legal requirements, please complete this form.

Upon receipt, this form will be separated from your employment application and will be kept confidential. Information provided in this form will not be used for any subsequent hiring decision. Your cooperation in providing this information is voluntary. Inclusion or exclusion of any data on this page will no affect any employment decision.

and others not covered above.

Position Applied for						
Name					Date	
Affirmative Action S	urvey					
Please check appropr	iate box:					
Gender:	Gamma Male	Given Female				
Race/Ethnicity:	American IndianAsian American	BlackOther	U White	🖵 His	panic	
Veteran:	~	tive Duty			D No	
Disabled:	Yes No					
For purposes of racial statistical tabulation, the following categories are used: American Indian — includes persons who identify themselves or are known as such by virtue of tribal association; Black — includes persons of African descent as well as those identified as Jamaican, Trinidadian, and West Indian; White — includes persons of Indo-European descent, including Pakistani and East Indians; Asian American — includes persons of Japanese, Chinese, Korean, or Filipino descent; Hispanic — includes persons of Mexican, Puerto Rican, Cuban, Latin American or Spanish descent; Other — includes Eskimos, Malayans, Thais, Vietnamese						