



CITY OF INGLESIDE
HUMAN RESOURCES
2671 San Angelo Street
Ingleside, TX 78362
361-776-2517 Telephone
361-776-5011 Fax
humanresources@inglesidtx.gov

City of Ingleside, Texas – Employment Application an Equal Opportunity Employer

Thank you for your interest in employment with the City of Ingleside, Texas. The City of Ingleside is an equal opportunity employer and does not discriminate in employment practices based on race, color, religion, sex, disability, age, sexual orientation, gender identity, national origin, veteran status, or genetic information. The City is committed to providing access, equal opportunity and reasonable accommodation for individuals with disabilities in employment, its services, programs, and activities. To request reasonable accommodation in completing this application, interviewing, completing any pre-employment testing, or otherwise participating in the employee selection process please contact humanresources@inglesidtx.gov or 361-776-2517 at least 48 hours in advance of your need for an accommodation.

Information for Applicants (Please Read Carefully)

The City of Ingleside requires all individuals who wish to be considered for employment to complete and sign a **City of Ingleside Employment Application Form**. A resume or additional documentation may be attached to the application. Resumes will not be accepted in lieu of a completed application. Please complete all application form sections.

Completed applications **must** be received in the Human Resources Office by 5:00p.m. if there is a deadline apply date. Application forms postmarked by the date of the deadline to apply may be accepted if received in a timely manner.

The application form and all attachments become the official property of the City of Ingleside. Any questions, concerns, and/or complaints regarding the application process should be directed to the Human Resources Department.

For information concerning the status of your application, please contact the Human Resources Department at (361) 776-2517 or via e-mail at:

humanresources@inglesidtx.gov

All information on the application form and any attached documentation you submit is subject to verification by the Human Resources Department. As a condition of employment, applicants will be subject to a criminal background check, drug test, and verification/review of driver's license record. Applicants refusing to cooperate, failing to show up for a scheduled appointment or failing to successfully pass required tests will be disqualified for consideration of employment with the City of Ingleside.



**City of Ingleside
Employment Application
Form**

**We are an Equal
Opportunity
Employer**

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Applicant Information

Name		Other Name(s) Used (either for employment or school)	
Address		City	State
Phone Number	Mobile Number	Email Address	Zip

Are you 18 years of age or older? Yes No

If you are under the 18 years of age, can you provide proof of eligibility to work? Yes No

Are you authorized to work in the United States? Yes No

Have you served in the Armed Forces? Yes No

Position(s)

Position You Are Applying For	Date Available for Work	Desired Pay

Employment Type Desired

Full-Time Part-Time Seasonal/Temporary

Additional Position(s) You Are Applying For

Education

Have you completed your High School Diploma or GED? Yes No

School Name	Location	Years Attended	List GED/Diploma/Certificate or Degree Received	Major or Subjects Studied

References – (Employment, Professional, Academic, or Personal)

Name	Phone	Type of Reference	Years Known

Employment History

Are you currently a City Employee? Yes No

Have you previously been employed by the City? Yes No If yes, list the City Department(s), all positions worked, and dates employed below:

City Department	Position Title	Dates Employed

Are you related by blood or marriage to any current City of Ingleside employee or current elected official? Yes No

Employee or Elected Official Name	City Department	Position Title

Employer 1 Information		Position Title	Dates Employed
Work Phone		Reason for Leaving	Starting Pay Rate
Address		City	State, Zip Code
			Ending Pay Rate

What do/did you like the most about this position?

What do/did you like the least about this position?

May we contact this employer? Yes No

Employer 2 Information		Position Title	Dates Employed
Work Phone		Reason for Leaving	Starting Pay Rate
Address		City	State, Zip Code
			Ending Pay Rate

What do/did you like the most about this position?

What do/did you like the least about this position?

May we contact this employer? Yes No

Employer 3 Information		Position Title	Dates Employed
Work Phone		Reason for Leaving	Starting Pay Rate
Address		City	State, Zip Code
			Ending Pay Rate

What do/did you like the most about this position?

What do/did you like the least about this position?

May we contact this employer? Yes No

Explain any gaps (if any) in employment history: _____

Have you ever been discharged from any employment or asked to resign in lieu of discharge? Yes No

If yes, please specify the circumstances: _____

Job Related Skills and/or Licenses and Certifications

Bilingual Skills

Language	Speak	Read	Write
	Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/>	Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/>	Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/>
	Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/>	Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/>	Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/>
	Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/>	Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/>	Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/>

Driver's License

Do you currently have a valid Driver's License? Yes No License Issued by the State of: _____

What type of Driver's License do you have? A B C M

What type of Commercial Driver's License (CDL) do you have? A B C

Other Licenses and Certifications

TCOLE PID#
(if applicable)

Please list any active licenses and certifications

License/Certification Type	License/Certification Number (if applicable)	Issuing Agency	Begin Date	Expiration Date

Have you ever been convicted of a felony or other crime or been the subject of a deferred adjudication? Yes No

If yes, please explain on reverse side of page. (You may omit convictions for minor traffic violations unless the positions for which you are applying requires the operation of a motor vehicle. Conviction will not result in your automatic disqualification for employment. The seriousness of the crime, the date of conviction, and the relevance of the crime to this position will be considered.

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

By my signature below, I certify, authorize, or acknowledge:

That all the information provided by me in connection with my application, whether on this document or on any attachment, is complete, true and correct. I know the City will rely upon this information in making a decision to hire me. Consequently, I further understand that any misstatement, falsification, or omission of information will void my application and prevent any further processing. If the City obtains such information after I am hired, I will be subject to termination from my employment with the City.

For the purpose of verification, any persons, organizations, and educational institutions listed on this application or any attachment may give any and all requested information concerning my previous employment, education, experience or other information to the City.

That as a condition of employment with the City, I must successfully pass a thorough background investigation, which may include a criminal history check, driving record verification, etc.

That as a condition of employment with the City, I may be required to submit to a medical examination and/or drug test by a physician or laboratory selected by and at the expense of the City at such time as is required.

That any offer of employment with the City of Ingleside is at-will and does not constitute a promise or guarantee that my employment will continue for any specified period of time.

That any employment offer will be at the continuing discretion of the department directors, division managers and supervisors concerned. I am **aware** that this application and all attachments will become the property of the City and will become a part of my personnel file if I am accepted for employment.

That if employed, I must successfully complete a six-month probationary period of employment.

Signature: _____ Date: _____

Voluntary Self-Identification Form

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for reporting purposes only and will be kept separate from all other personnel records. Please return completed forms to the HR department.

NAME: _____

POSITION TITLE: _____

DATE COMPLETED: _____

GENDER:

(Please check one of the options below)

- Male
 Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.
- I do not wish to disclose.

Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

The City of Ingleside is an equal opportunity employer and does not discriminate in employment practices based on race, color, religion, sex, disability, age, sexual orientation, gender identity, national origin, veteran status, or genetic information. The City is committed to providing access, equal opportunity, and reasonable accommodation for individuals with disabilities in employment, its services, programs, and activities. To request reasonable accommodation in completing this application, interviewing, completing any pre-employment testing, or otherwise participating in the employee selection process please contact humanresources@inglesidetx.gov or 361-776-2517 at least 48 hours in advance of your need for an accommodation.

Completion of this form is voluntary. Any answer you provide on this form will be kept private and cannot be used against you in any way. You may voluntarily self-identify as having a disability on this form without fear of punishment if you did not previously identify as having a disability.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the options below:

Do you have a disability?

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name: _____

Date: _____

Voluntary Self-Identification of Veteran's Status

In extending this invitation, we advise you that: workers and applicants are under no obligation to respond but may do so in the future if they choose and responses will remain confidential within the human resource department. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Section 1: General Applicant Information

Name: _____

Position Title: _____

Section 2: Veteran Status (see definition of a protected veteran below)

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED BELOW.

I AM NOT A PROTECTED VETERAN.

Signature: _____ Date: _____

A **protected veteran** belongs to one or more of the following categories:

- **Active duty wartime or campaign badge veteran** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- **Armed Forces service medal veteran** means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).
- **Disabled veteran** means (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, *or*(2) a person who was discharged or released from active duty because of a service-connected disability.
- **Recently separated veteran** means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.