

CITY OF INGLESIDE

APPLICATION FOR EMPLOYMENT

City of Ingleside
 City Secretary
 P.O. Drawer 400
 Ingleside, TX 78362

2671 San Angelo St.
 Phone: 361-776-2517
 Fax: 361-775-0109
humanresources@inglesidetx.gov

If you need assistance in completing the employment application, please inquire at the Personnel Office. Furthermore, the city conducts pre-employment qualification testing and personal interviews in the application process. If you believe you will require reasonable accommodations (e.g., interpreter, TDD, scheduling adjustments) in the application process, please inform the Personnel Office in writing when you submit your application.

PERSONAL DATA

 (Last Name) (First Name) (Initial)

 (Street Address, RFD, or P.O. Box)

 (City) (State) (Zip Code)

FOR OFFICE USE ONLY	
Action(s)	Date(s)
_____	_____
_____	_____
_____	_____

Phone Numbers: () _____ Social Security Number: _____
 () _____ Position(s) Applied For: _____

When would you be available to start work? _____ Full Time
 Check each type of work you will accept? _____ Regular _____ Temporary _____ Part Time
 Have you filed an application here before? _____ Yes _____ No Date: _____
 Have you ever been employed here before? _____ Yes _____ No Date: _____
 Are you or your spouse related to any officer or employee of this employer? _____ Yes _____ No Minimum acceptable salary: \$ _____/hour

Education and Training:					
Name and Schools Attended and Location	Dates Attended		Average Grades	Major Field	Degree Received
	From	To			

SKILLS: The following space is provided for other information concerning special training, interests, career goals, or any other data you wish to provide.

<input type="checkbox"/> Electric Typewriter, _____ wpm <input type="checkbox"/> Shorthand, _____ wpm <input type="checkbox"/> Word Processing Equipment (Specify _____) <input type="checkbox"/> Transcribing Machine <input type="checkbox"/> Photography Equipment (Specify _____) <input type="checkbox"/> Other _____	<input type="checkbox"/> Xerox or other Copier <input type="checkbox"/> Adding Machine/Calculator (by touch) <input type="checkbox"/> PBX or other Switchboard <input type="checkbox"/> Keypunch (Specify _____) <input type="checkbox"/> Computer Software/Hardware (Specify _____)
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EMPLOYMENT HISTORY: List each position held. Start with your present or most recent assignment and work backward. If you need additional space, please continue on separate sheet(s) of paper. In the column at the right, describe your assignments. Attach additional sheet(s) as necessary.

May inquiry be made of your present employer? Yes No

Employer	Dates From: _____ To: _____	
Address		
Phone		
Job Title		
Supervisor		
Reason for Leaving		
Employer	Dates From: _____ To: _____	
Address		
Phone		
Job Title		
Supervisor		
Reason for Leaving		
Employer	Dates From: _____ To: _____	
Address		
Phone		
Job Title		
Supervisor		
Reason for Leaving		
Employer	Dates From: _____ To: _____	
Address		
Phone		
Job Title		
Supervisor		
Reason for Leaving		

Additional Information: By Law, you must be authorized to work in the United States in order to be employed by this employer. If you are one of the following, please check this area: _____

- * A citizen or a national of the United States
- * An alien lawfully admitted for permanent residence.
- * An alien authorized by the Immigration and Naturalization Service to work **indefinitely** in the United States.

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 position 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.)

If the position for which you are applying requires the operation of a motor vehicle, do you have a current Texas Driver's License? _____Yes _____No License No. _____
Type of License: _____Operator _____Commercial _____Chauffer

REFERENCES: List three persons not related to you who are qualified to describe your capabilities for the position you seek.

Name	Address	Phone	Yrs Known

I certify that the statements and information contained herein are true, complete, and correct to the best of my knowledge, and I authorize any former employer to release to this employer or its authorized representative any and all employee records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents to verifying my identity and eligibility for employment. In addition, I understand that, if selected for an interview, true copies of all degrees, certificates, or licenses listed on this application will be required before an employment decision can be made. A photocopy of this authorization shall be as valid as the original.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, and that intentional misrepresentation on my application or during the interview process will subject me to immediate discharge.

I also understand that only written representations and promises of the employer will be enforceable.

Date: _____

Signature of Applicant: _____