

APPLICATION FOR EMPLOYMENT

CITY OF COMBES

P.O. Box 280
21626 Hand Rd. Combes, Texas 78535
(956) 425-7131, fax (956) 412-6795

Answer all questions completely. Only fully completed applications will be considered for employment. The information you supply will be fully verified, so you should avoid any misstatements since they would jeopardize your consideration for employment or serve as grounds for dismissal.

PRINT CLEARLY OR TYPE _____ TODAY'S DATE: _____

Position Desired: _____

NAME: _____
(Last Name) (First Name) (Middle Name)

DOB: _____ SOCIAL SECURITY NUMBER: _____ DL NUMBER & STATE: _____

ADDRESS: _____

Phone/Mobile/Pager: _____

Have you ever worked under another name? NO YES / If YES, what name? _____

Are you over 18 years of Age? NO YES Date Available: _____

Hours willing to work? _____ Full-Time Part-Time Rotating Shift Temporary

Willing to travel? NO YES Percent of Time: _____

How did you hear about the job? Combes Employee Newspaper Texas Workforce Commission
 School Placement Center Other: _____

PERSONAL DATA

Have you ever applied for a position with the City of Combes? NO YES Give Date: _____

Have you ever worked for the City of Combes? NO YES Give Date: _____

Are any of your relatives employees of the City of Combes? NO YES

If YES, list name, relationship, and department employed in: _____

Have you ever been convicted of a felony, misdemeanor, or received a differed adjudication? (Disclosure of criminal record does not automatically disqualify you for employment): NO YES

If yes, provide dates, nature of charge, and disposition: _____

Are you authorized to work in this country? NO YES

Have you ever been discharged, suspended, or asked to resign from employment? If YES, explain: NO YES

Are you a veteran of the U.S. Military Service? NO YES

Branch: _____ Type of Discharge: _____ Dates: _____

Are you able to perform the essential job functions with or without reasonable accommodation? (Answer only after reviewing the essential job duties; may request a copy of the job description) NO YES

EDUCATION HISTORY

School/Location	Degree or Semester Hours Completed	Honors/ Awards Extracurricular Activities
High School:	Graduated? <input type="checkbox"/> NO <input type="checkbox"/> YES	
College:		
Business/Vocational School:		

SPECIAL QUALIFICATIONS

For Clerical Positions

Do you type? NO YES _____ WPM

Do you use a 10-Key Adding Machine? NO YES

What office machines can you operate? (Include computer skill): _____

For Public Works Positions

What machines/equipment can you operate that are related to the job you are applying for? (backhoe, mower, sprayers)

For All Positions

Can you speak or write in a foreign language?

Language: _____

Speak

- Fluently
 Not Fluently

Write

- Fluently
 Not Fluently

What other licenses/certifications/registrations do you have? (Include dates received and license numbers)

Do you have any other special skills related to the job you are applying for? (Include knowledge of computer software i.e. MS Office):

City of Combes is an Equal Opportunity Employer

EMPLOYMENT HISTORY

List all employment after leaving school, starting with your most recent position. All time must be accounted for, including U.S. Military Service. If you were unemployed for any reason, state what you were doing. Complete this section carefully because your work experience will be important in finding the position you are best suited for. Be sure to include all job history relevant to the position you are applying for. If you need additional space continue on a separate sheet of paper.

Company: _____	FOR EMPLOYER USE ONLY
Address: _____	
Supervisor Name & Title: _____	
Telephone: _____	
May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Last Position: _____	
From: _____ / _____ / _____ TO _____ / _____ / _____	Starting Salary: \$ _____
	Ending Salary: \$ _____
Duties and Responsibilities: _____	

Reason for Leaving: _____	

Company: _____	FOR EMPLOYER USE ONLY
Address: _____	
Supervisor Name & Title: _____	
Telephone: _____	
May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Last Position: _____	
From: _____ / _____ / _____ TO _____ / _____ / _____	Starting Salary: \$ _____
	Ending Salary: \$ _____
Duties and Responsibilities: _____	

Reason for Leaving: _____	

Company: _____	FOR EMPLOYER USE ONLY
Address: _____	
Supervisor Name & Title: _____	
Telephone: _____	
May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Last Position: _____	
From: _____ / _____ / _____ TO _____ / _____ / _____	Starting Salary: \$ _____
	Ending Salary: \$ _____
Duties and Responsibilities: _____	

Reason for Leaving: _____	

REFERENCES

List 3 persons **NOT** related to you who have definite knowledge of your character, qualifications, and fitness for the position you are applying for. DO NOT REPEAT NAMES LISTED IN THE EMPLOYMENT HISTORY.

Name: _____
Address: _____
Home Telephone: _____
Occupation: _____
Work Telephone: _____
How long has reference known you? _____

FOR EMPLOYER USE ONLY

Name: _____
Address: _____
Home Telephone: _____
Occupation: _____
Work Telephone: _____
How long has reference known you? _____

FOR EMPLOYER USE ONLY

Name: _____
Address: _____
Home Telephone: _____
Occupation: _____
Work Telephone: _____
How long has reference known you? _____

FOR EMPLOYER USE ONLY

State any additional information you feel may be helpful to us in considering your application: _____

AUTHORIZATION AND AGREEMENT

Please read before signing. If you have any questions, please ask.

The City of Combes is an equal opportunity employer and does not discriminate in its recruiting, selection, and hiring procedures because of race, color, sex, religion, national origin, age, disability, citizenship, veteran status, political affiliation or belief, or any other non-job related factor.

I authorize the references and prior employers listed above to give the City of Combes any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to the City of Combes.

I hereby affirm that the information provided in this Application for Employment is true, correct, and complete. If employed, any misstatements or omission of fact on this application may result in my dismissal.

I understand that completion of this employment application form does not constitute any type of employment agreement or contract. I further understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature: _____

Date: _____

FOR PERSONNEL USE ONLY

Interviewer/Department: _____

Date: _____

Summary Remarks: _____

Employed: NO YES DOH: _____

Salary/Hourly Rate: \$ _____

Job Title: _____

Department: _____

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