

CITY OF GONZALES

Application for Employment

Date / /

Remains in effect for a period of 90 days. To be considered for employment beyond this time you must re-apply in writing. Using ink, answer all questions: Do not indicate "See Resume," or include any information not requested.

PERSONAL DATA

(Please Print)

Last Name		First Name		Middle Initial													
Address		Street		City		State		Zip									
Telephone Number(s):		Home: ()		-		Work: ()		-		ext.		Cell: ()		-		Social Security Number	
How did you learn about us?																	
<input type="checkbox"/> Walk-In				<input type="checkbox"/> Advertisement				<input type="checkbox"/> Other: _____									
<input type="checkbox"/> Employment/Search Agency				<input type="checkbox"/> Employee: _____													

TYPE OF WORK DESIRED

Position Applied For: _____
Identify your long-range goal and the work environment you are looking for: _____

Acceptable beginning salary: \$ _____

GENERAL INFORMATION

- Are you available to work: Full Time Part Time Shift Work Temporary Hours Available _____
- On what date would you be available for work? / /
- Can you furnish proof of your legal right to work in the United States? Yes No
Proof of citizenship or immigration status will be required upon employment, along with an I-9 form.
- If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
- Have you ever been employed here before? Yes No
If yes, give dates of employment and reason for leaving: / / to / /
- Are you currently employed? Yes No
- Have you ever been convicted of, plead guilty to, received probation, deferred adjudication, for any criminal offense (misdemeanors or felonies)? Yes No

If yes, describe fully, including dates, criminal offenses, location (city and state), and disposition.

Conviction will not necessarily disqualify an applicant from employment. The seriousness of the crime, the date of conviction and the relevance of the crime to the position will be considered.

EDUCATIONAL DATA

	High School				Undergraduate College/University				Graduate/ Professional				Other
School Name													
School Location													
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4	
Diploma/Degree													
Major/Minor													
Grade Point Average													
Describe any academic honors you have received													
Describe any specialized training, apprenticeship, co-op, and skills													

MILITARY DATA

Branch of Service: _____ Dates of Service: (start) _____ (end) _____

Have you ever had any job-related training in the United States Military? Yes No

If yes, please describe: _____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience. (CDL)

HONORS AND ACTIVITIES

List all honors, civic, social, and professional activities during your school and professional careers. Omit those that indicate race, color, religion, age, sex, national origin, disability, veteran status, genetic information or union membership.

EMPLOYMENT DATA

(Begin with present or most recent position. In listing dates, give month and year.)

May we contact your current employer? Yes No

Employer:	Phone:	Work Performed
Address:		
City:	State:	Zip Code:
Job Title:		Supervisor:
Dates Employed: (Start)		(End)
Hourly Rate/Salary: (Start)		(End)
Reason for leaving:		
Note: If break between jobs, please explain:		
Employer:	Phone:	Work Performed
Address:		
City:	State:	Zip Code:
Job Title:		Supervisor:
Dates Employed: (Start)		(End)
Hourly Rate/Salary: (Start)		(End)
Reason for leaving:		
Note: If break between jobs, please explain:		
Employer:	Phone:	Work Performed
Address:		
City:	State:	Zip Code:
Job Title:		Supervisor:
Dates Employed: (Start)		(End)
Hourly Rate/Salary: (Start)		(End)
Reason for leaving:		
Note: If break between jobs, please explain:		
Employer:	Phone:	Work Performed
Address:		
City:	State:	Zip Code:
Job Title:		Supervisor:
Dates Employed: (Start)		(End)
Hourly Rate/Salary: (Start)		(End)
Reason for leaving:		
Note: If break between jobs, please explain:		

EQUAL OPPORTUNITY STATEMENT

The City of Gonzales provides equal opportunity to all qualified persons, without regard to race, color, religion, age, sex, national origin, veteran status, disability, genetic information or other legally protected status.

CERTIFICATION AND AGREEMENT

As an applicant for employment with the City of Gonzales,

- I understand that I will be considered to be an "Applicant" only if I have properly completed this application, designated a particular position that is open (or may come open within 90 days) and my background and qualifications meet the city's requirements for such position.
- I certify that all information given on this application and accompanying documentation is true and correct.
- I understand that any misrepresentation or falsification of information or material omission will be cause for rejection of my application or for subsequent corrective action or termination of employment if discovered at a later date.
- I certify that I have and read and understand the city's substance abuse policy and that my employment is contingent upon the results of a drug screening analysis for substance abuse. The results of such analysis may be grounds for disqualifying me or terminating my employment.
- If my application for employment is accepted, the effective date of my employment shall be the time I actually begin to work. If I am employed, I agree to comply with and be bound by city's policies, practices, safety, and health rules.
- I understand that my employment is not guaranteed for any term and that my employment may be terminated by the city or myself at anytime with or without cause. No management official is authorized to make any oral assurance or promise of continued employment.
- I hereby give the city the right to make a thorough investigation of my past employment, education, and activities, and release from all liability all persons, employers, corporations and agencies supplying such information. I indemnify the City of Gonzales against any liability that might result from making such investigation and acknowledge that the results of any such investigation may be grounds for disqualifying me or terminating my employment.

I have read and fully understand the contents of the Certification and Agreement section.

Signature of Applicant

Date

Thank you for completing this application. We hope that you have been treated courteously and that your visit to the City of Gonzales has been a pleasant one.

FOR HUMAN RESOURCES OFFICE USE ONLY:

Interviewed by: _____

Database Updated: _____

Degree Verification: Yes No Date: _____

Reference Verification: _____

Date Stamp

CITY OF GONZALES



820 St. Joseph Street
P.O. Drawer 547
Gonzales, Texas 78629
Phone (830) 672-2815
www.cityofgonzales.org

DISCLOSURE AND AUTHORIZATION FOR RELEASE

I hereby authorize the City of Gonzales, its employees, agents or any other representative of the City of Gonzales to perform investigations into my background, past behavior, personal character, general reputation and mode of living including but not limited to:

Investigative Consumer Reports: I authorize the City of Gonzales to perform investigative consumer reports that may include credit reports, criminal history, workers' compensation histories, motor vehicle records, employment and unemployment records, military records or other sources of information. I authorize full disclosure of any and all drug and alcohol testing results.

Employment and Education: I authorize all former and current employers to release any and all information regarding my employment history. This includes all information contained in my personnel file, salary history and all other pertinent information. I authorize schools, colleges and all scholastic institutions to release any and all information requested.

Authorization and Understanding: I understand that any or all of these investigations or inquiries can be performed prior to and at any time during the course of my employment. I understand that under provision of the Fair Credit Reporting Act that I may request a copy of any consumer report from the consumer-reporting agency that compiled the report, upon providing proper identification.

I have the right to dispute the accuracy or completeness or any information contained in my report/files with reporting agency. The reporting agency does not make or recommend employment decisions pertaining to my consumer report. To obtain a copy of my report or contest the content, I may call the reporting agency.

The City of Gonzales is an Equal Opportunity Employer and does not discriminate as to race, color, gender, national origin, religion, age, disability, or veteran status.

I hereby release and hold harmless the City of Gonzales and others reporting to or for the City of Gonzales, any investigators, all former employers, all scholastic institutions, all reporting agencies and all those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of or related to, such investigations, disclosure or admissions. Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me. I have read or had read to me this release form, and I understand, consent and agree to authorize the execution of this release in full by my signature below.

Applicant:

Print Full Name: _____ SS# _____

Current Address: _____

City, State, Zip _____

Date of Birth: _____ Driver's License # _____ State _____

Signature _____ Date: _____

(ACKNOWLEDGMENT ON FOLLOWING PAGE)

**SIGNATURE NEEDS TO BE NOTARIZED IF YOU ARE APPLYING
FOR A POSITION AT THE POLICE DEPARTMENT.**

STATE OF TEXAS §

COUNTY OF _____ §

This instrument was acknowledged before me on _____ by
_____.

Notary Public's Signature