

# 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: (   ) -                  ext. Work: (   ) - 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)

In God We Trust

STATE OF TEXAS §

COUNTY OF \_\_\_\_\_ §

This instrument was acknowledged before me on \_\_\_\_\_ by  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature