

City of Garden Ridge, Texas EMPLOYMENT APPLICATION

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In

Employment Agency Other _____

Name _____
Last First Middle

Address _____ Date of Birth _____
Number Street City State Zip Code

Telephone (____) _____ Drivers License _____ Social Security Number _____

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

Are you related to a current city employee/official? Yes No If Yes, Who and how related

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No (Proof of citizenship or immigration status will be required upon employment)

On what date would you be available to start work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

(Conviction will not necessarily disqualify applicant from employment)

If Yes, please explain _____

AN EQUAL OPPORTUNITY EMPLOYER is an equal opportunity employer. It is the policy of the City of Garden Ridge that all employees and applicants for employment will be treated in all respects on the basis of their merit and qualifications and without regard to their race, color, national origin, age, disability, sexual orientation, religion, gender, military status, marital status or ancestry.

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status. Use additional sheets if necessary.

1	Employer	Telephone ()	Dates From	Employed To	Worked Preformed
	Address				
	Job Title		Hourly Starting	Rate Final	
	Supervisor				
	Reason for Leaving				
2	Employer	Telephone ()	Dates From	Employed To	Work Preformed
	Address				
	Job Title		Hourly Starting	Rate Final	
	Supervisor				
	Reason for Leaving				
3	Employer	Telephone ()	Dates From	Employed To	Worked Preformed
	Address				
	Job Title		Hourly starting	Rate Final	
	Supervisor				
	Reason for Leaving				
4	Employer	Telephone ()	Dates From	Employed To	Work Performed
	Address				
	Job Title		Hourly Starting	Rate Final	
	Supervisor				
	Reason for Leaving				

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience _____

Indicate all languages you speak, read, and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.

(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status): _____

Give name, address and telephone number of three (3) references **who are not related** to you and are **not previous employers**.

Are you a veteran of the U.S. Military? Yes No If Yes, Which Branch _____

If so, do you have a copy of your DD 214? Yes No

If so, please state the type of discharge received: _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans and Individuals with disabilities as defined by applicable Texas or Federal law.

Government contractors are subject to 38 U.S.C. 2012 of the Vietnam Era Veterans Readjustment Act of 1974, which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1974, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities.

If you are a disabled veteran, or have a disability as defined by applicable Texas or Federal law, you are invited to volunteer this information, which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified as one of the following, please sign below.

Disabled Individual Disabled Veteran Vietnam Era Veteran

I have reviewed the job posting and job description for the position applied for. I meet the minimum qualifications for the position sought. Further, I have the physical and mental capability to perform the duties of the position sought:

Without accommodation

With accommodation

If an accommodation is requested, please describe the requested accommodation

Education

	Elementary	High	Collage/University	Graduate/Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree				
Described Course of Study:				

Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities.	
--	--

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

Applicant's Statement

I hereby swear, under penalty of perjury, that the facts and statements made herein are true and correct. _____ initial

I understand that any false entry or misleading statement, whether intentional or not, in my application may form the basis for my immediate discharge. I further understand that the placement of any false entry in my application is misconduct in connection with the work as defined by the Texas Workforce Commission and is a legitimate basis, on its own for my discharge. _____ initial

I understand and agree that the fact that I made a false statement in my application may be used in any proceeding in the future related to my employment relationship with the City should I be selected for employment. _____ initial

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. _____ initial

This application for employment shall be considered active for a period not to exceed ninety (90) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. _____ initial

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and the employee in writing. _____ initial

I understand, also, that I am required to abide by all rules and regulations of the employer as amended.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview ___ Yes ___ No 1st _____ 2nd _____ 3rd _____

Remarks: _____

Employed: ___ Yes ___ No Date of Hire: _____ Interviewer _____ Date _____

Job Title: _____ Hourly Rate: _____ Department: _____