



CITY OF COCKRELL HILL EMPLOYMENT APPLICATION

ANSWER ALL QUESTIONS - PLEASE PRINT

Applicants are considered for positions without regard to race, color, religion, sex, national origin, age, veteran status, disability or citizenship. The City of Cockrell Hill may conduct pre-employment qualification assessment testing. If you require accommodation for the testing process, you must notify Personnel when you submit your application.

POSITION APPLYING FOR: _____
Applicants may be required to describe or demonstrate that they can perform job-related duties.

Name: _____
 First Name Middle Name Last Name

Address: _____
 Number & Street City, State, and Zip Code

Telephone: _____ Alt. Telephone: _____

Social Security Number: _____ - _____ - _____

Please check all hours that you are available to work:

Full time ___ Part time ___ Temporary ___ Days ___ Evenings/Nights ___ Weekends ___ Shifts ___

Date available to start work: _____

Have you ever filed an application here before? Yes No

If you answer "Yes" to any of the following questions, please explain in full

Have you been fired or asked to resign from a job? _____ If yes, please explain: _____

Have you ever entered a guilty plea or been convicted of a crime in a civilian or military court or received a deferred adjudication (excluding minor traffic violations requiring only payment of fine) including drinking related convictions? _____ If yes, please explain: _____

A criminal record does not necessarily disqualify you from employment, but will be considered in relationship to the job requirements.

I, _____, agree to immediately notify the City of Cockrell Hill if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.

Have you ever been discharged from the armed forces under other than honorable conditions? _____
If yes, please explain: _____

Are you now working for or have you ever worked for the City of Cockrell Hill? _____

If yes, please explain: _____

Do you or does your spouse have any relatives presently working for the City of Cockrell Hill? _____

If yes, please explain: _____

Are you on a lay-off and subject to recall? _____ If yes, please explain: _____

If hired, can you present evidence of authorization that you may be lawfully employed by the City? _____

If no, please explain: _____

(If offered employment with the City of Cockrell Hill, you will be required within three (3) business days of beginning employment to produce original legal documents that establish your identity and employment eligibility.)

Are you a veteran of the U.S. Military Service? _____ If yes, which branch? _____

Type of Discharge: _____

Have you ever been bonded? _____ If yes, for which position(s)? _____

REFERENCES

Give name, address, and telephone number of three references that are not related to you and are not previous employers.

_____	_____	_____
Name	Address	Telephone
_____	_____	_____
Name	Address	Telephone
_____	_____	_____
Name	Address	Telephone

SPECIAL QUALIFICATIONS OR SKILLS

List qualifications and skills you may possess which are required for the job as stated in the job announcement, such as typing speed, ability to operate specialized machinery or equipment, or professional registration or licensing. Indicate any training you have had which is directly related to the job for which you are applying:

EMPLOYMENT EXPERIENCE

List all employers starting with the most recent. Include military service or volunteer work.

May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Employer (name and address):			
Job Title:	Employment Dates: From: To:	Starting Hourly Pay:	Ending Hourly Pay:
Supervisor:		Work Performed:	
Phone Number:			
Reason for Leaving:			

Employer (name and address):			
Job Title:	Employment Dates: From: To:	Starting Hourly Pay:	Ending Hourly Pay:
Supervisor:		Work Performed:	
Phone Number:			
Reason for Leaving:			

Employer (name and address):			
Job Title:	Employment Dates: From: To:	Starting Hourly Pay:	Ending Hourly Pay:
Supervisor:		Work Performed:	
Phone Number:			
Reason for Leaving:			

Employer (name and address):			
Job Title:	Employment Dates: From: To:	Starting Hourly Pay:	Ending Hourly Pay:
Supervisor:		Work Performed:	
Phone Number:			
Reason for Leaving:			

Employer (name and address):			
Job Title:	Employment Dates: From: To:	Starting Hourly Pay:	Ending Hourly Pay:
Supervisor:		Work Performed:	
Phone Number:			
Reason for Leaving:			

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

Educational Information

High School:	Location:	Years Completed: (Circle) 9 10 11 12	Diploma:
College or University:	Location:	Years Completed: (Circle) 1 2 3 4	Degree:
Graduate or Professional:	Location:	Years Completed: (Circle) 1 2 3 4	Degree:
Describe Course of Study:			
Honors Received:			
State Any Additional Information You Feel May Be Useful to Us in Considering Your Application:			

APPLICANT'S STATEMENT

I CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended to be, a contract of employment.

I understand that if I am offered employment with the City of Cockrell Hill, I will be required to take a post-offer physical examination and drug test. Any offer of employment that I may receive will be conditioned upon the results of the post-offer physical examination and drug test.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Cockrell Hill.

I understand that any employment I may be offered with the City of Cockrell Hill will be at-will employment. At-will employment means that I would be free to resign at any time for any reason and the City would be free to terminate my employment at any time for any reason.

Applicant's Signature (in ink)

Date

FOR PERSONNEL USE ONLY

1. _____ 2. _____

CITY OF COCKRELL HILL

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the _____ and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____,
in and for _____ county, in the state of _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____