



CITY OF PORT LAVACA

EMPLOYMENT APPLICATION

The City of Port Lavaca does not discriminate on the basis of race, color, origin, sex, religion, age or disability in employment or the provision of services. The City is an Equal Opportunity Employer.

Position Applied For _____ Date _____

Do you desire Full or Part-Time Work? If Part-Time, what hours? _____

Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Us Citizenship Yes No Are you under 18? Yes No

Have you served in the Armed Forces or National Guard in the United States? Yes No

If yes: Branch _____ Dates _____ Discharge _____

GENERAL

Are you currently employed? Yes No If yes, may we contact your present employer? Yes No
If no, please explain:

Have you previously worked for the city? Yes No If yes, what department and dates:

On what date would you be available for work? _____

Have you ever been arrested or convicted of any crime? Yes No
If yes, explain (date, charge, location and sentence)

Are you related by kinship or marriage (example: mother, father, sister, brother, in-laws, etc.) to any City of Port Lavaca employee or City Council member? Yes No

Can you perform the essential requirements that are necessary to perform the job? Yes No

EDUCATION

(Transcripts may be required for verification of education)

School	Name And Location	Graduate	Diploma Or Degree
High School		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<input type="checkbox"/> GED
Technical School		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
College University		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
Graduate School		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	

Other special training/skills : _____

Licenses and/or Certifications: _____

Indicate any languages you speak, write and/or read

_____ (Fluently) (Good) (Fair)

_____ (Fluently) (Good) (Fair)

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodations? YES NO

If a reasonable accommodation (s) would be required for you to perform the essential functions of the job, describe any accommodations (s) required.

REFERENCES

Please list the names, addresses and telephone numbers of three (3) people **NOT** related to you and **NOT** previous employers.

Name Address Telephone

Name Address Telephone

Name Address Telephone

EMPLOYMENT EXPERIENCE

Employer _____

Address _____

Job Title: _____ From: _____ To: _____ Salary: _____

General Duties: _____

Reason for Leaving: Resigned Discharged Lay-Off Other

Explain Reason for Leaving _____

Employer _____

Address _____

Job Title: _____ From: _____ To: _____ Salary: _____

General Duties: _____

Reason for Leaving: Resigned Discharged Lay-Off Other

Explain Reason for Leaving _____

Employer _____

Address _____

Job Title: _____ From: _____ To: _____ Salary: _____

General Duties: _____

Reason for Leaving: Resigned Discharged Lay-Off Other

Explain Reason for Leaving _____

Employer _____

Address _____

Job Title: _____ From: _____ To: _____ Salary: _____

General Duties: _____

Reason for Leaving: Resigned Discharged Lay-Off Other

Explain Reason for Leaving _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete 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 and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Port Lavaca is of an "at will" nature, which means that I may resign at any time and the City may discharge me at any time, with or without cause. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically adopted by the City Council of the City of Port Lavaca.

If employed, I understand that false or misleading information given in this application or interview(s) may result in discharge. I understand, also, that I will be required to abide by all rules and regulations of the City of Port Lavaca.

Signature of Applicant

Date

WAIVER OF CONFIDENTIALITY

I hereby waive my right of confidentiality and both authorize and request that information pertaining to my criminal history (if any) and driving record be made available to the City of Port Lavaca to whom I have made an application for employment.

Signature of Applicant

Date

Texas Driver License Number

Class of License

Social Security Number

RELEASE OF PREVIOUS EMPLOYMENT INFORMATION

I hereby authorize and request any previous employer to release information to the City of Port Lavaca regarding my previous employment.

Signature of Applicant

Date