



**AN EQUAL OPPORTUNITY EMPLOYER**

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

**Special Training/Skills/Qualifications:** List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximately how many words per minute do you type? \_\_\_\_\_

Sign Language (If required for this position) Yes  No

Are you a certified interpreter? Yes  No

Do you speak a language other than English? (If required for this position) Yes  No

How fluently? Fair  Good  Excellent

If yes, what language(s) do you speak? \_\_\_\_\_

Do you write in a language other than English? (If required for this position) Yes  No

If yes, which language(s) \_\_\_\_\_

**MILITARY SERVICE** (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran? Yes  No  If yes, list type of discharge \_\_\_\_\_

Dates of Service (From/To): \_\_\_\_\_

Are you a surviving spouse of a veteran who has not remarried? Yes  No  Are you a surviving orphan of a veteran? Yes  No

If yes, complete dates of service for veteran \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

- I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
- I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
- I understand that the City will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
- I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

**THIS APPLICATION MUST BE SIGNED**

SIGN HERE:

**X**

Signature – Applicant

Date

# EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. **Include ALL employment. Begin with your current or last position and work back to your first.** Employment history should include **each position** held, even those with the same employer.
2. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you have held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

**Name**

\_\_\_\_\_

Last    First    Middle

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: (      )				Immediate Supervisor Name:  Title:  Supervisor's Telephone No.: (         )			Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/>  Give average # of hours worked per week if part-time:																														
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Employer:							Title:		Part-Time	<input type="checkbox"/>
Mailing Address:							Supervisor's Telephone No.:		Summer	<input type="checkbox"/>
City & State/ZIP:							( )		Temp/Project	<input type="checkbox"/>
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**Specific reason for leaving:**

Position Title:							Immediate Supervisor Name:		Full-Time	<input type="checkbox"/>
Employer:							Title:		Part-Time	<input type="checkbox"/>
Mailing Address:							Supervisor's Telephone No.:		Summer	<input type="checkbox"/>
City & State/ZIP:							( )		Temp/Project	<input type="checkbox"/>
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