



CITY OF ARANSAS PASS

600 Cleveland Blvd.
Aransas Pass, Texas 78336

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE FOLLOW THESE INSTRUCTIONS TO COMPLETE THIS APPLICATION:

1. The City will consider only applications that are complete. You must provide all requested information, including your signature.
2. You may submit a resume in addition to your application, but resumes will not substitute for a completed application.
3. Your application will be reviewed after the posted deadlines, as noted on the employment opportunity notice.
4. The City of Aransas Pass will contact (either by telephone or mail) the applicants selected for pre-placement testing and/or personal interview.
5. If you wish to be considered for future positions, you **MUST** submit a new application for each position.

PLEASE PRINT

Position Applied For:	Date Of Application:
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Last Name:	First Name:	Middle Name:	
Present Address	City	State	Zip Code
Drivers License Number	State	Social Security Number	
Telephone Number	Alternate Phone Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you previously applied with the City of Aransas Pass? Yes No

If yes, give date(s): _____

Have you previously been employed by the City of Aransas Pass? Yes No

If yes, give date(s): _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

If chosen for employment, on what date would you be available for work? _____

What type of position are you seeking? Full Time Part Time Shift Work Temporary

Are you currently on “lay off” status and subject to recall? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? (*Proof of citizenship or immigration status will be required upon employment.*) Yes No

Can you travel if it is a requirement of the position? Yes No

Have you in the last seven years been convicted of a felony, public indecency or a violation of the Texas controlled substances act, or have you ever pled guilty or no contest to a criminal act, or have you been placed on probation or had your driver’s license suspended or revoked, or been notified of any exclusion or sanctioning by a federal program?

Note: a positive response to this question will not necessarily bar you from being considered for employment. The City of Aransas Pass will consider the offense for which you were convicted, the circumstances surrounding the conviction, and the date of the conviction, as important factors in making its hiring decision.

Yes **No**

If your answer to any of the above is “yes,” please give details, including dates:

Attach any supporting documents as necessary.

EDUCATION

	Name/Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write.			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extracurricular activities.

Describe any job related training received in the United States Military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Start Final		
Job Title			
Supervisor			
Reason For Leaving			

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EMPLOYMENT EXPERIENCE

(Continued)

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Start Final		
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Attach additional sheets if necessary.

PERSONAL INFORMATION

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

Other Qualifications (Summarize special job-related skills and qualifications acquired from employment or other experience):

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

Note To Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN GIVEN INFORMATION ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a responsible manner the activities involved in the job or occupation for which you have applied? Yes No

A description of the activities involved in such a job or occupation is attached.

Personal References - List three (3) people who have known you for more than two (2) years and know you well enough to provide current information about you. It is your responsibility to provide the correct address and phone numbers. Do not list relatives or past employers.

1. Name	Telephone No.	Years Known
Address		City/State/Zip
2. Name	Telephone No.	Years Known
Address		City/State/Zip
3. Name	Telephone No.	Years Known
Address		City/State/Zip

MILITARY SERVICE RECORD

Did you ever serve in the United States Armed Forces? Yes No

If so, what branch? _____ Dates of duty: From: _____ To: _____
Mo/Day/Yr Mo/Day/Yr

Did you ever receive anything other than an honorable discharge? Yes No

List duties in the service including special training.

Attach a full copy of discharge documents.

APPLICANT STATEMENT

I certify that the answers given are true and complete to the best of my knowledge. I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an “at will” nature, which means that the employee may resign at any time and that the employer may discharge the employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I am fully aware that any misrepresentations, omissions, or falsifications given in my application or interview(s) will be grounds for immediate rejection of my application, or if hired, termination of my employment. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature

Printed Name

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Eligible For Employment Yes No

Position Applied For Is Open: Yes No

Investigator's Notes

Recommend Employment For Applicant? Yes No

Investigator Signature

Date