

APPLICATION FOR EMPLOYMENT



The City of Goliad is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position Applied For:

Date of Application:

How did you hear about this job? Ad Employment Agency Employee Inquiry Relative Walk-in Other:

If ad or web site please specify which ad or web site:

Personal Information

Last

First

Middle

Name:

Address:

City:

State:

Zip

Mailing Address (if different from above):

Home Phone Number: ()

Cell Number: ()

Highest Education Level: Less than HS HS Graduate or Equivalent Some College Technical School
 Associate's Bachelor's Master's Doctorate

Are you legally authorized to work in the United States?

Yes No

Are you 18 years old or older?

Yes No

Have you ever been convicted of a felony or misdemeanor within the last 7 years?

Yes No

*If yes, explain: (Convictions do not constitute an automatic bar from employment.)

Can you with or without reasonable accommodation perform the essential functions of this job? (If you have any questions about the functions of the job, please ask the interviewer before answering this question.)

Yes No

Have you ever filed an application with the City of Goliad?

Yes No

*If yes, give date:

Have you ever been employed with the City of Goliad?

Yes No

*If yes, give date:

Type of employment seeking: (check all that apply) Regular Temporary Full-Time Part-Time A.M. P.M. Any

Date available to work: / /

Desired Salary Range: \$

Can you travel if a job requires it?

Yes No

Have you ever been fired or asked to resign from a job?

Yes No

* If yes, explain:

Qualifications

How much experience do you have in the position you are applying for?

Months/Years

Work Skills -Check all that apply

Valid Driver License

Typing: 30-40 WPM

Bilingual

PC/MAC

Typing: 40-50 WPM

Customer Service

Spreadsheet

Typing: 50-60 WPM

Cashier Sales

Database

Typing: 60+ WPM

Mechanical - General

Word Processing

Data Entry Strokes

Mechanical - Plumbing

Graphics/Presentation

Ten Key

Heavy Equipment

Other Skills

Other Skills

Other Skills

Education -List all degrees earned

Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No Type:		Major:
School:	Address:	
City:	State:	Zip
Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No Type:		Major:
School:	Address:	
City:	State:	Zip
Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No Type:		Major:
School:	Address:	
City:	State:	Zip
Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No Type:		Major:
School:	Address:	
City:	State:	Zip

Training -Courses taken that are not associated with a degree

Course Title:	School Name:
Course Title:	School Name:
Course Title:	School Name:
Have you received any job-related training in the United States Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Professional Licenses and Certifications

License:	Issue Date: ___/___/___ Exp. Date: ___/___/___ License #	Issued by:	State:
License:	Issue Date: ___/___/___ Exp. Date: ___/___/___ License #	Issued by:	State:
License:	Issue Date: ___/___/___ Exp. Date: ___/___/___ License #	Issued by:	State:

References

1.	()	<i>Phone #</i>
	<i>Name</i>	
	<i>Address</i>	
2.	()	<i>Phone #</i>
	<i>Name</i>	
	<i>Address</i>	
3.	()	<i>Phone #</i>
	<i>Name</i>	
	<i>Address</i>	

Prior Work Experience -List all employment or volunteer service for the past 10 years, starting with current service. Attach additional sheet if necessary.

Employer: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Start Date: ___/___/___ End Date ___/___/___
Ending Job Title: _____ Ending Pay Rate: _____
Nature of Duties: _____

Reason for Leaving: _____
Immediate Supervisor: _____ *If still employed, may we contact this employer? Yes No

Employer: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Start Date: ___/___/___ End Date ___/___/___
Ending Job Title: _____ Ending Pay Rate: _____
Nature of Duties: _____

Reason for Leaving: _____
Immediate Supervisor: _____ *If still employed, may we contact this employer? Yes No

Employer: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Start Date: ___/___/___ End Date ___/___/___
Ending Job Title: _____ Ending Pay Rate: _____
Nature of Duties: _____

Reason for Leaving: _____
Immediate Supervisor: _____ *If still employed, may we contact this employer? Yes No

Employer: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Start Date: ___/___/___ End Date ___/___/___
Ending Job Title: _____ Ending Pay Rate: _____
Nature of Duties: _____

Reason for Leaving: _____
Immediate Supervisor: _____ *If still employed, may we contact this employer? Yes No

Important -Read Before Signing

I hereby certify that answers given herein are true and complete. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and 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 such change is specifically acknowledged in writing by an authorized executive of this organization.

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 employer. I further understand that, if employed, I must produce applicable documents showing that I am a United States citizen or alien authorized to work in the United States.

I understand that this application is considered current for six months. If I wish to be considered for employment after this period I must fill out and submit a new application.

By signing below I acknowledge that I have read, understood and agree to the above statements.

Applicant's Signature: _____

Date: _____

Pre-Employment Physical Exam & Drug and Alcohol Testing Notification

I understand that if offered a position with the City of Goliad, I will be required to submit to a pre-employment physical examination and/or drug and alcohol testing as a condition of employment. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and subsequent checks will result in withdrawal of any employment offer or termination of employment if already employed. Once hired, I will continue to be subject to alcohol and drug testing.

I hereby consent to submit to a pre-employment physical examination and/or drug and alcohol test and if hired, any other drug and alcohol tests as required. I further consent to the disclosure and release of the screening results to the City of Goliad.

Applicant's Signature: _____

Date: _____

Disclosure to Employment Applicant Regarding Procurement of a Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document

By your signature below, you hereby authorize us to obtain a consumer report and/or investigative report about you in order to consider you for employment.

Applicant's Signature: _____

Date: _____

Authorization for Release of Information

I authorize the City of Goliad to contact any or all of my former employers or any or all of the references I have supplied to it, for the purpose of verifying any of the information I have provided to the City of Goliad, and/or for the purpose of obtaining any information whatever about me or my employment with any former employer. I consent to the disclosure and release of this information to the City of Goliad, whether favorable or unfavorable, and release any individual, including record custodians, from any or all damages of whatever kind or nature which may result to me on account of compliance, or attempt to comply, with this authorization.

Applicant's Signature: _____

Date: _____

The City of Goliad is proud to be an equal opportunity employer.

