



# 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, or any other legally protected status.**

(PLEASE PRINT)

Position(s) Applied for: _____		Date of Application: _____	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Relative	<input type="checkbox"/> Other	_____	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number: Home	Cell	E-Mail Address	Social Security (Voluntary)

- If you are under the age of 18, can you provide required proof of your eligibility to work?  Yes  No
- Have you ever filled an Application with the City before? If Yes give the date \_\_\_\_\_  Yes  No
- Have you ever been employed with the City before? If Yes give the date \_\_\_\_\_  Yes  No
- Do any of your friends or relatives, work for the City? If Yes state name and relationship \_\_\_\_\_  Yes  No
- Are you currently employed?  Yes  No
- May we contact your present employer?  Yes  No
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*(Proof of citizenship will be required upon employment.)*
- Date available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_
- Are you available to work  Full Time  Part Time  Temporary  Yes  No
- Can you travel occasionally if needed?  Yes  No

### EDUCATION

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

### ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application, including any job related training in the U. S. Military.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you have applied? A review of the activities involved in such a job or occupation has been given.  Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

### WORK EXPERIENCE

Start with your present or last job. Include any job related military service or volunteer activities. Exclude organizations which indicate color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for leaving			

May we contact?  Yes  No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for leaving			

May we contact?  Yes  No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for leaving			

May we contact?  Yes  No

**PERSONAL/PROFESSIONAL REFERENCES**

Do not include family members or past supervisors.

Name	Phone	Best time to Call	Relationship	Occupation
1.				
2.				
3.				

**APPLICANT'S STATEMENT**

I certify that the answers given herein are true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. I UNDERSTAND THAT IF HIRED, I AM EMPLOYED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE. I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**COMPLETION OF THIS FORM IS VOLUNTARY**

The City of Waller is subject to certain governmental recordkeeping and reporting requirements for the administration of civil right laws and regulations. In order to comply with these laws, the City of Waller invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of acceptable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the Federal Government for civil rights enforcement. When reported, data will not identify any specific individual.

Information provided on this form is not part of the hiring process and is not considered by those involved in the hiring process. Qualified applicants and employees are considered without regard to race, color, religion, sex, national origin, age, marital status, or disability.

Name: \_\_\_\_\_ Sex:  Male  Female Date of Birth: \_\_\_\_\_

Position Applied for: \_\_\_\_\_  
*(Must indicate specific job title)*

**EEO Classification**

**Specific Instructions:** The categories below are designed to identify your basic racial and national origin category. Place a "check" next to the appropriate category. **Note: Choose only one category.**

- |  |  |
|--|--|
| <input type="checkbox"/> White   | <input type="checkbox"/> Native Hawaiian or other Pacific Islander                 |
| <input type="checkbox"/> Black or African American                       | <input type="checkbox"/> Hispanic or Latino  |
| <input type="checkbox"/> Two or more races, excluding Hispanic or Latino | <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino) |
| <input type="checkbox"/> Asian   |  |

**Employment Eligibility Verification**

In what country were you born?

Do you have the legal right to permanently work in the United States?  Yes  No

What documents can you show to prove your legal right to work in the United States?

- |  |  |
|--|--|
| <input type="checkbox"/> Driver's License and Social Security Card         | <input type="checkbox"/> U. S. Passport showing U.S. Citizenship |
| <input type="checkbox"/> Certificate of U.S. Citizenship or Naturalization | <input type="checkbox"/> Other (Specify)                         |
| <input type="checkbox"/> "Green Card"                                      |  |

**Source of Information About Applying**

- |  |   |
|--|---|
| <input type="checkbox"/> Current Employee            | <input type="checkbox"/> Friend                   |
| <input type="checkbox"/> Texas Employment Commission | <input type="checkbox"/> Professional Publication |
| <input type="checkbox"/> Newspaper                   | <input type="checkbox"/> Walk in                  |
| <input type="checkbox"/> Posted job announcement     | <input type="checkbox"/> Website                  |