



City of Palmdurst
Application for Employment

Instructions: All applications for employment must be made on this form. Applicants are urged to consider carefully and understand fully each question. All information submitted is subject to clarification. A false or misleading response may result in disqualification for or discharge from employment, or discharge from future employment.

No action will be taken on this application until you have answered all questions. We consider applicants for all positions without regard to race, color, religion, creed, sex, citizenship, national origin, age, disability, marital or military service status, or any other legally protected status.

Please print in black ink or type response

Position you are applying for: _____ Department: _____

Lowest acceptable salary: _____ per _____

Last Name: _____ First: _____ Middle: _____

Mailing Address: _____

Home Telephone: _____ Mobile: _____ Other: _____

Date of Birth: _____ Social Security Number: _____

When will you be available to start work? _____

Are you able to provide required proof of your eligibility to work in the U.S.? _____

Please list any physical or other limitations that would restrict you from being able to perform all the duties required of the position you are applying for:

DRIVING HISTORY

Do you have a valid Driver's License? Yes No

Driver's License Number: _____ Class of License: _____

Has it been suspended or revoked in the last five (5) years? Yes No

If yes, provide details: _____

List all traffic citations you have ever received:

Date	Violation	Agency	Disposition

List all accidents you have ever been involved in as a driver:

Date	Location	Agency	Accident Description

EDUCATION

Are you a High School graduate? Yes No

Do you have a GED Certificate? Yes No

Name of High School: _____

Location: _____

List other schools attended such as college, university or trade school:

School(s) attended other than high school	Location	Major/Study	Credits Completed	Degree or Certificate Received

List other training received such as special courses or work-training programs that would be required for the position for which you are applying; Please estimate the number of training hours:

Training	Location	Hours

Special qualifications/skills: Please list qualifications/skills you possess which are required for the job for which you are applying, such as the ability to operate specialized machinery/heavy equipment or typing proficiency (give speed):

Please list all licenses you hold that would be required for the job for which you are applying:

License Type	Number	Expiration Date

WORK HISTORY

Begin with your most present and recent job. Account for part-time employment, temporary or seasonal employment, self-employment and military service. Attach additional sheets if needed.

From: _____ to: _____ Employer: _____

Employer's Address: _____

Telephone: _____ Supervisor: _____

Job Title: _____ Salary: _____

Duties/Responsibilities: _____

Reprimands/Suspensions: _____

Reason for Leaving: _____

From: _____ to: _____ Employer: _____

Employer's Address: _____

Telephone: _____ Supervisor: _____

Job Title: _____ Salary: _____

Duties/Responsibilities: _____

Reprimands/Suspensions: _____

Reason for Leaving: _____

From: _____ to: _____ Employer: _____

Employer's Address: _____

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Reason for Leaving: _____

From: _____ to: _____ Employer: _____

Employer's Address: _____

Telephone: _____ Supervisor: _____

Job Title: _____ Salary: _____

Duties/Responsibilities: _____

Reprimands/Suspensions: _____

Reason for Leaving: _____

Please identify any period of unemployment you had that lasted longer than 2 weeks

From (Month/Year to (Month/Year)	Length of Unemployment	Reason

How did you hear about this job posting (example: newspaper, friend, internet, etc): _____

May inquiries be made of your present/past employer(s) regarding your character, qualifications and record of employment? Yes No

REFERENCES

Provide the name, address, city and phone number of three persons, other than relatives, who have knowledge of your character, experience, or ability:

Name	Relationship to applicant	Address	City	Phone

MISCELLANEOUS

If you answer any of the following questions “yes”, please explain on the lines provided below.

- 1. Have you ever been fired or asked to resign from a job within the last five (5) years? Yes No
- 2. Are you now working for, or have you ever worked for, the City of Palmdale? Yes No
- 3. Are you related to any person presently employed with City of Palmdale? Yes No
- 4. Have you ever been rejected for employment by any other governmental entity? Yes No
- 5. Have you ever filed for bankruptcy? Yes No
- 6. Have you ever been involved in any type of lawsuit? Yes No
- 7. Have you ever been indicted by a Grand Jury? Yes No

Explanation: _____

CERTIFICATION

I certify that all statements made in this application are true, complete and correct to the best of my knowledge. I understand false information may disqualify me from further consideration for employment.

No question on this application is intended to secure information that may be used for a discriminatory purpose, as the City is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, citizenship, national origin, age, military service, marital status, disability or any other legally protected status.

I understand that if employed, I will serve a one year initial orientation period in an employment-at-will status, which means I may be dismissed during this period for any reason or no reason.

I understand that as a condition of employment, I am required to provide legal proof of identity and of U.S. Citizenship or eligibility to work in the U.S. (Examples: drivers license, social security card, birth certificate, work visa, etc...)

I understand that this appointment will be at the discretion of the department head concerned, subject to the approval of the City Manager, and that this application is the property of the City and will become part of my personnel file if I am accepted for employment.

I understand that this application, when signed and submitted, becomes a public record and is subject to public inspection to the extent authorized by the Texas Open Records Act or other applicable law.

Date

Printed Name of Applicant

Signature of Applicant

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the Palmhurst Police Department to investigate each of the topics concerning my work, record, education history, military record, financial status, criminal record, general reputation and past or present medical condition.

This authorization is specifically intended to include any and all information of a confidential or privileged nature, as well as provide photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment.

I hereby release the City, its officials and employees, as well as anyone working for or on behalf of the City, from any and all claims relating to any investigation of matters relating to the applicant, in addition to any person or organization from whom information is requested, for purposes of investigating my qualifications for employment with the City. I also authorize any person from whom information is requested, including prior employers and governmental agencies, to release any and all confidential and other information in their possession that may relate in any way to my qualifications for employment with the City. Additionally, the City is hereby released from any liability that may or could result from furnishing the information requested above.

A photocopy of this Authorization to Release Information form will be as valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Signature

Date of Birth

Printed Name

Social Security Number

Address

City, State, and Zip Code

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC, ON THIS _____ DAY OF _____, 20_____.

Notary Public, in and for
Hidalgo County, Texas
My Commission Expires: