

# City of Garden Ridge, Texas

## EMPLOYMENT APPLICATION

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  
 Employment Agency  Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Number Street City State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_ Drivers License \_\_\_\_\_ Social Security Number \_\_\_\_\_

If employed and you are under 18, can you furnish a work permit?  Yes  No

Have you filed an application here before?  Yes  No If Yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If Yes, give date \_\_\_\_\_

Are you related to a current city employee/official?  Yes  No

If Yes, who and how related \_\_\_\_\_

Are you employed now?  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 or immigration status will be required upon employment)

On what date would you be available to start work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you on a lay-off and subject to recall?  Yes  No Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony?  Yes  No  
(Conviction will not necessarily disqualify applicant from employment)

If Yes, please explain \_\_\_\_\_

*The City of Garden Ridge is an Equal Opportunity Employer and encourages applications from eligible and qualified persons regardless of race, color, sex, religion, national origin, age, genetic information, disability, veteran status, or any other legally protected status. The City of Garden Ridge provides reasonable accommodations to applicants with disabilities on a case-by-case basis. If you need a reasonable accommodation for any part of the application or hiring process, please contact the Human Resource Office at (210) 651-6632.*

# *Employment Experience*

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which may indicate any legally protected status. Use additional sheets if necessary.

Employer	Telephone	Dates From	Employed To	Worked Performed
Address				
Job Title		Hourly Starting	Rate Final	
Supervisor				
Reason for Leaving				
Employer	Telephone	Dates From	Employed To	Work Performed
Address				
Job Title		Hourly Starting	Rate Final	
Supervisor				
Reason for Leaving				
Employer	Telephone	Dates From	Employed To	Worked Performed
Address				
Job Title		Hourly starting	Rate Final	
Supervisor				
Reason for Leaving				
Employer	Telephone	Dates From	Employed To	Work Performed
Address				
Job Title		Hourly Starting	Rate Final	
Supervisor				
Reason for Leaving				

## *Special Skills and Qualifications*

Summarize special skills and qualifications acquired from employment or other experience

---



---



---



---

# Education

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree				
Described Course of Study:				

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities.	
---	--

Honors Received: Any additional information you feel may be helpful in considering your application.

---



---

Indicate all languages other than English you speak, read, and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

**List professional, trade, business or civic activities and offices held.**

(You may exclude memberships which would reveal race, color, sex, religion, national origin, age, genetic information, disability, veteran status, or any other legally protected status):

---



---



---



---

Provide the name, address, and telephone number of at least three (3) references **who are not related** to you and **are not** previous employers.

---



---



---



---

Are you a veteran of the U.S. Military?  Yes  No If Yes, which branch \_\_\_\_\_

If so, do you have a copy of your DD 214?  Yes  No

If so, please state the type of discharge received: \_\_\_\_\_

**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans and Individuals with disabilities as defined by applicable Texas or Federal law.**

**Government contractors are subject to 38 U.S.C. 2012 of the Vietnam Era Veterans Readjustment Act of 1974, which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1974, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities.**

**If you are a disabled veteran, or have a disability as defined by applicable Texas or Federal law, you are invited to volunteer this information, which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.**

If you wish to be identified as one of the following, please sign below.

Disabled Individual       Disabled Veteran       Vietnam Era Veteran

I have reviewed the job posting and job description for the position applied for. I meet the minimum qualifications for the position sought. Further, I have the physical and mental capability to perform the duties of the position sought:

Without accommodation

With accommodation.

If an accommodation is requested, please describe the requested accommodation:

---

---

---

## Applicant's Statement

I hereby swear, under penalty of perjury, that the facts and statements made herein are true and correct. \_\_\_\_\_ initial

I understand that any false entry or misleading statement, whether intentional or not, in my application may form the basis for my immediate discharge. I further understand that the placement of any false entry in my application is misconduct in connection with the work as defined by the Texas Workforce Commission and is a legitimate basis, on its own for my discharge. \_\_\_\_\_ initial

I understand and agree that the fact that I made a false statement in my application may be used in any proceeding in the future related to my employment relationship with the City should I be selected for employment. \_\_\_\_\_ initial

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. \_\_\_\_\_ initial

This application for employment shall be considered active for a period not to exceed ninety (90) 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. \_\_\_\_\_ initial

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and the employee in writing. \_\_\_\_\_ initial

I understand, also, that I am required to abide by all rules and regulations of the employer as amended.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### For Personnel Department Use Only

Arrange Interview \_\_\_ Yes \_\_\_ No      1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Remarks: \_\_\_\_\_

Employed: \_\_\_ Yes \_\_\_ No      Date of Hire: \_\_\_\_\_ Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Department: \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_  
Name and Title