



# Application for Employment

Human Resource Department  
 200 West 2<sup>nd</sup> Street, Freeport, TX 77541  
 (979) 233-3526 ext. 108

Position Applying for:	Date:
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**\*\*\* TO THE APPLICANT \*\*\***

**INSTRUCTIONS:** Please complete, sign, and return to the Human Resource Department. Applicants must complete all the blanks accurately, completely, and legibly to be considered. We may verify all information you provide. A FALSE STATEMENT OR OMISSION MAY RESULT IN DISQUALIFICATION FOR EMPLOYMENT OR DISCHARGE, IF EMPLOYED. The City of Freeport is an Equal Opportunity Employer. In accordance with the Civil Rights Acts of 1964 and 1991, as amended, the Age Discrimination in Employment Act, and the Americans with Disabilities Act, the City of Freeport prohibits discrimination in employment because of race, color, sex, religion, national origin, age or disability. No question on this application is intended to secure information to be used for discriminatory purposes.

<b>P E R S O N A L</b>	Name:			Other Names Used:			
	Address:			Social Security Number:			
	City, State, Zip Code:			E-mail Address:			
	Home Phone Number:		Alt Phone Number:				
	Drivers License Number:		State:	Class:		Exp Date:	
	Have you been issued a citation for any moving traffic violations within the past three years:					YES	NO
	Have you ever had your driver's license suspended or revoked:					YES	NO
	If any of the above answers are yes please explain and list the dates, violations, locations, and results:						
	Have you ever served in the Armed Services:		YES	NO	Dates:		
	Branch:			Are you in the Reserves:		YES	NO
Have you ever pled guilty or no contest, been convicted, placed on deferred adjudication or community supervision for a felony or a misdemeanor offense in a civilian or military court:							
YES		NO		Arrest date(s):			
Charge(s):			Location(s):				
Result(s):							
NOTE: Prior to employment, applicants will be investigated as to convictions for prior criminal offenses. Answering "yes" will not automatically disqualify you; however, a false statement or omission of information will. A prior conviction will be considered in relationship to the requirements of the job. Failure to answer the above questions truthfully will result in immediate dismissal.							

<b>P O S I T I O N</b>	Work schedule availability:		Full-time	Part-time	Temporary			
	Days	Evenings	Nights	Weekends	Shift Work			
	If hired, can you show proof that you are legally eligible to work in the US:					YES	NO	
	If hired, can you provide proof of age:		YES	NO	Are You at least 18 years of age:		YES	NO
	Minimum Salary Requirements:			Date you will be able to start:				
	How did you learn about this position: (circle one)							
	Newspaper Ad		Employment Agency		City's Bulletin Board			
	Walk-In or Write-In		City's Web Site		Internet			
	Referred By:							
	Have you ever been employed by the City of Freeport:				YES	NO		
If yes, when, in which department, and who was your supervisor:								
Do you have any relatives, by blood or by marriage, working for or holding office for the City:					YES	NO		
If yes, list name, division, and relation:								

In accordance with Federal Privacy Act of 1974, disclosure of you Social Security Number is voluntary and will be used for identification purposes to ensure proper records are obtained.

**Notice to Employers: Solicited applications must be retained for one year from date of application. (Civil Rights Act of 1964)**

<b>E D U C A T I O N</b>	Circle your highest education level: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+															
	Are you a high school graduate: YES NO				G E D: YES NO											
	College, Business, Technical Schools Attended:								Course/Major				Hours		Degree	
	Special Training Schools Attended:						Dates		Course/Major				Degree Received			
	License/Certification(P.E., R.N., C.P.A., etc):								Location of Issuing Authority:							
License Number & Expiration Date:								Date Issued:								
Issued by (state or other authority):																
<b>S K I L L S</b>	Do you have equipment operations certifications/licenses: YES NO															
	Do you have a commercial driver's license: YES NO															
	Circle all applicable endorsements: Trailer Tank HAZMAT Combination															
	List types of equipment you are able to operate:															
	List computer programs that you are proficient in:															
	Do you speak/read another language: YES NO				Which language:											
How many WPM can you type: 30-40 40-50 50-60 60-70 over 70																
List any further qualifications and skills you possess which are required for the job in which you are applying for:																
<b>R E F</b>	List four people whom you have known for at least four years -- do not include relatives or employers listed on this applicaiton:															
	Name				Address				Telephone Number				Relationship			

\*\*\*\* Attach a copy of all certifications, degrees, transcripts, and licenses as applicable.

# EMPLOYMENT HISTORY

Start with your present or most recent experience and work backward, listing all work experience for the past ten (10) years. Attach extra sheets if needed. Experience may be paid or unpaid, full-time, part-time or military service. Resumes may not be submitted in place of employment history; however, they may be attached as a supplement to your application. **If you fail to provide complete information, the City may disqualify your application.** Please explain all gaps in employment history.

1	Employer's Name:		Employer's Address:		Employer's Phone Number:	
	Supervisor's Name:		Supervisor's Title:		Your Title:	
	Type of Business:	Dates Employed:		Reason for Leaving:		
		From:				
		To:				
	Duties and Responsibilities:				May we contact this employer:	
				YES                  NO		
				Salary:		
				Start:	Final:	
2	Employer's Name:		Employer's Address:		Employer's Phone Number:	
	Supervisor's Name:		Supervisor's Title:		Your Title:	
	Type of Business:	Dates Employed:		Reason for Leaving:		
		From:				
		To:				
	Duties and Responsibilities:				May we contact this employer:	
				YES                  NO		
				Salary:		
				Start:	Final:	
3	Employer's Name:		Employer's Address:		Employer's Phone Number:	
	Supervisor's Name:		Supervisor's Title:		Your Title:	
	Type of Business:	Dates Employed:		Reason for Leaving:		
		From:				
		To:				
	Duties and Responsibilities:				May we contact this employer:	
				YES                  NO		
				Salary:		
				Start:	Final:	

# EMPLOYMENT HISTORY

Start with your present or most recent experience and work backward, listing all work experience for the past ten (10) years. Attach extra sheets if needed. Experience may be paid or unpaid, full-time, part-time or military service. Resumes may not be submitted in place of employment history; however, they may be attached as a supplement to your application. **If you fail to provide complete information, the City may disqualify your application.** Please explain all gaps in employment history.

4	Employer's Name:		Employer's Address:		Employer's Phone Number:
	Supervisor's Name:		Supervisor's Title:		Your Title:
	Type of Business:		Dates Employed:	Reason for Leaving:	
		From:			
		To:			
Duties and Responsibilities:				May we contact this employer:	
				YES                  NO	
				Salary:	
				Start:	Final:
5	Employer's Name:		Employer's Address:		Employer's Phone Number:
	Supervisor's Name:		Supervisor's Title:		Your Title:
	Type of Business:		Dates Employed:	Reason for Leaving:	
		From:			
		To:			
Duties and Responsibilities:				May we contact this employer:	
				YES                  NO	
				Salary:	
				Start:	Final:
6	Employer's Name:		Employer's Address:		Employer's Phone Number:
	Supervisor's Name:		Supervisor's Title:		Your Title:
	Type of Business:		Dates Employed:	Reason for Leaving:	
		From:			
		To:			
Duties and Responsibilities:				May we contact this employer:	
				YES                  NO	
				Salary:	
				Start:	Final:

# TERMS OF EMPLOYMENT

I am aware that this application may be subject to public disclosure unless an exception under the Texas Open Records Act is applicable.

The information in this application is accurate, complete, and is subject to verification by the City of Freeport. I understand that if I have given any false information in this application or if I have omitted any material facts, I may be disqualified from employment with the City of Freeport or if hired, I may be discharged immediately upon discovery of such false statements or omissions.

I also understand that the City of Freeport is an "employment-at-will" employer and that the acceptance of an offer of employment does not create a contractual obligation upon the City of Freeport to continue to employ me in the future.

**PLEASE READ CAREFULLY** and then initial each statement below to indicate you do understand and agree with the statement.  
I HAVE READ, UNDERSTAND, AND AGREE THAT:

- \_\_\_\_\_ 1. If I misrepresent or deliberately omit a fact in my application, the City may be justified in refusing employment to me or, if I am already employed by the City, in terminating my employment.
- \_\_\_\_\_ 2. If hired, I can be terminated or transferred to another position with or without cause at any time at the option of the City of Freeport.
- \_\_\_\_\_ 3. Only the City Manager has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing paragraph 2, and that no such agreement has been offered to anyone as part of this application process.
- \_\_\_\_\_ 4. No one with the City of Freeport may contract with me for employment except by an explicit written contract authorized by the City Manager.
- \_\_\_\_\_ 5. If requested by the management at any time, I agree to a search of any locker or premises assigned to me and I hereby waive all claim for damages on account of such examination.
- \_\_\_\_\_ 6. I consent to medical and/or psychological exams as required or requested by the City of Freeport as permitted under applicable law.
- \_\_\_\_\_ 7. In order to assist him in determining my ability to perform the duties of any job after I receive an employment offer or during the course of my employment with the City of Freeport, I agree to sign and have notarized a Medical Record Authorization authorizing any physician or hospital to release to the City Manager any and all records which the City Manager may deem appropriate.
- \_\_\_\_\_ 8. If I become employed by the City of Freeport, such employment is for an indefinite period of time and that the City of Freeport can change wages, hours of employment, shift assignments, benefits, positions, and conditions of employment at any time.
- \_\_\_\_\_ 9. I authorize the City of Freeport, in considering my employment, to make any contacts it deems necessary (including, but not limited to employers, agencies of public record, or credit reporting agencies as allowed by the Fair Credit Reporting Act.) . I understand that driving records and criminal background records may be obtained.
- \_\_\_\_\_ 10. Any overtime I receive can be paid in the form of compensatory time at the sole discretion of the City of Freeport.
- \_\_\_\_\_ 11. This application is the property of the City of Freeport and will become a part of my personnel file if I am accepted for employment. I further understand that this is an application for employment and that no employment is being offered and that the City of Freeport, in receiving this application, has made no contract of employment with me and has not in any way guaranteed my future employment.
- \_\_\_\_\_ 12. Depending on the nature of the position I am seeking, I understand the City of Freeport may conduct pre-employment testing, including an agility test, to assess my qualifications for a particular position. If I require accommodation when the City administers pre-employment tests, I will notify the Human Resource Department, in writing, of any accommodation requirements when I submit my application.
- \_\_\_\_\_ 13. If I am offered employment, and again depending on the nature of the position I am seeking, I may be required to complete a post-offer physical examination and/or a drug screen at the expense of the City. If such a physical examination and/or drug screen is necessary, the job offer is conditional on the results of the medical and/or drug examination.
- \_\_\_\_\_ 14. I shall never construe this application or any other communication, verbal or written, given or made by anyone during the process of my applying for possible employment by the City of Freeport as constituting either a contract of employment or a guarantee of employment with the City of Freeport. I understand that this application is not an employment agreement.
- \_\_\_\_\_ 15. The City of Freeport does not in any manner guarantee my future employment in any particular position and, indeed, the City reserves both the right to terminate me or any employee in accordance with the law or to transfer me, or any employee to other positions as situations dictate.

**I fully understand and agree to the stipulations listed above.**

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

### Reference Check Authorization

I authorize any person or organization listed in this application and/or whose name I have given as a character reference and/or by whom I have been previously employed and/or any educational institution I have listed on this application to furnish any information they may have concerning me to the City of Freeport. I understand that the information provided by me may be used for the purpose of determining my eligibility. My previous employers may be contacted (unless otherwise noted by me on this application or in writing). I hereby release, indemnify, and hold harmless any governmental entity, employer, and person furnishing or receiving records and information about me. I further understand that if I am employed by the City of Freeport that some potential employer may in the future contact the City concerning my work record and performance at the City. I hereby consent to and authorize persons employed by the City to divulge any and all information they consider to be relevant to any person representing themselves to be an employer of mine or a potential employer of mine with respect to my work record and the performance of my job at the City of Freeport.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for completing this application form and for your interest in working with the City of Freeport.**

**MEDICAL RECORD AUTHORIZATION**

I, the undersigned, being either an employee of the City of Freeport, Texas, or being considered for such employment, hereby authorize and direct any physician or other person or any hospital or institution by whom or in which I have received treatment for any injury, illness, or condition of the mind or body, to discuss the same fully with the City Manager of the City of Freeport, Texas, and to make fully available for inspection to him all records pertaining in any way received, and upon the written or verbal request of the City Manager of the City of Freeport, Texas, to supply him with legible and accurate copies of any such records requested by him. I authorize and direct you to deliver any such requested copies to the City Manager of the City of Freeport, Texas, by the means which he requests, including but not limited to the following means: by U.S. mail addressed to the City of Freeport, c/o City Manager, 200 West Second Street, Freeport, TX 77541; by facsimile transmission at (979) 233-8867; or by hand delivery to him at your office during normal office hours. A photostatic or a facsimile copy of this Authorization shall be considered as effective and valid as the original.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

THE STATE OF TEXAS \*

COUNTY OF BRAZORIA \*

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person who signed the above Medical Record Authorization, and acknowledged to me that he/she executed the same for the purposes and considerations therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF TEXAS

# EEOC DATA SHEET

\*\*\*\* Detach from Application \*\*\*\*

To enable the City of Freeport to meet federal government reporting regulations, applicants are requested (but not required) to complete this data sheet. This information will be used solely for reporting purposes. It will not be used in any manner for screening or selection purposes for the position you have applied for. This information will be kept strictly confidential. Your voluntary cooperation in providing us with this information will be greatly appreciated.

<b>Position Applied For:</b>		<b>Date:</b>	
<b>Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>			
<b>County, State, &amp; Zip:</b>			

**Sex:**  (Circle One) **Male** **Female**

**Ethnic Category**

(Check the Appropriate Box)

**American Indian or Alaskan Native.**

All persons having origin in any of the original peoples of North America

**Asian or Pacific Islander.**

All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, china, Japan, Korea, the Philippine Islands, and Samoa. Also persons from the Indian subcontinent, including people with national origins from Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkim and Sri Lanka.

**Black** (not of Hispanic origin)

All persons having origins in any of the Black racial groups.

**Hispanic**

All persons of Mexican, Puerto Rican, Cuban, Central or South America of other Spanish culture, regardless of race

**White** (not of Hispanic origin)

All persons having origins in any of the peoples of Europe and the Middle East.

**Other**

(Check appropriate box)

- A Qualified Disabled Veteran**      A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more; a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty; and is capable (qualified) of performing a particular job with reasonable accommodation to his/her disability.
- A Vietnam Era Veteran**      A person who actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was released with a honorable discharge or released from active duty for a service-connected injury or disability.
- A Qualified Handicapped Individual**      A person who has a physical or mental impairment which substantially limits one or more of that person's major life activities, or has a record of such impairment, and is capable (qualified) of performing a particular job with reasonable accommodation to his/ her handicap.

**DPS Computerized Criminal History (CCH) Verification**  
**(AGENCY COPY)**

I, \_\_\_\_\_, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.  
APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b> <b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____ initial	
Destroyed Date: _____ initial	
<b>Retain in your files</b>	