

400 W. Bluff
Woodville, Texas 75979

CITY OF WOODVILLE

409-283-2234
Fax 409-283-8412



EMPLOYMENT APPLICATION

(Please print clearly)

PERSONAL

Position desired _____ Date _____

Name _____ Social Security No. _____
Last First Middle

Present Address _____
Number & Street City State Zip

Telephone Number: Home _____ Business _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes No
(If yes, verification will be required upon employment)

Do you have relatives currently employed by us? Yes No

If yes, please give name and relationship _____

Have you been convicted of a felony? Yes No

RECORD OF EDUCATION

EDUCATION	Name and Location Of School	Circle last year completed	Graduated Yes/No	Diploma/Degree	Major field of study
High School	_____	1 2 3 4			

College/ University	_____	1 2 3 4			

Other Schools	_____	1 2 3 4			

An Equal Employment Opportunity Employer

EMPLOYMENT HISTORY

Please list below present and past employment, beginning with your most recent.

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

May we contact the employers listed above concerning your prior work experience? Yes No
 In addition to your work history, what other experience, skills, or qualifications would especially fit you for work with our organization? _____

List office machines or equipment you can use _____

REFERENCES

No former employers or relatives

NAME & OCCUPATION	ADDRESS	PHONE NUMBER

AUTHORIZATION

"I certify that the information provided in this application, is, to the best of my knowledge, true and correct. I understand that my misstatement or omission of facts may result in application disqualification and/or dismissal. I authorize the City of Woodville to make inquiries or investigation of the information I have supplied in this application. I understand that if employed, I will serve an initial probationary period. I understand that employment at the City of Woodville is "at will," which means that either I or the City of Woodville can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

APPLICANT SIGNATURE

DATE

INFORMATION REQUESTED TO MONITOR COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT, SECTION 504 OF THE REHABILITATION ACT OF 1973, THE AGE DISCRIMINATION ACT OF 1975 AND THE AMERICAN'S WITH DISABILITIES ACT.

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but you are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of the individual applicants on the basis of visual observation or surname.

Ethnicity: Hispanic or Latino _____
Non-hispanic or Latino _____

Race: (Mark one or more)

White _____
Black or African American _____
American Indian/Alaska Native _____
Asian _____
Native Hawaiian or Other Pacific Islander _____

Gender: Male _____
Female _____