

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.
<i>Last</i> <i>First</i> <i>Middle</i>	
Present Address :	
Number & Street	City State Zip
Telephone Number: Home	Business
<p>Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? <input type="checkbox"/> Yes <input type="checkbox"/> NO (If yes, verification will be required upon employment)</p> <p>Do you have relatives currently employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> NO</p> <p>If yes, please give name and relationship</p> <p>Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

RECORD OF EDUCATION

EDUCATION	Name and Location of School	Years completed	Graduated	Diploma/Degree	Major field of study
High School		Year Completed	<input type="checkbox"/> Yes <input type="checkbox"/> NO		
College/Universi		Year Completed	<input type="checkbox"/> Yes <input type="checkbox"/> NO		
Other Schools		Year Completed	<input type="checkbox"/> Yes <input type="checkbox"/> NO		

An Equal Employment Opportunity Employer

EMPLOYMENT HISTORY

PRESENT AND 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

GENERAL INFORMATION

In addition to your work history, what other experience, skills, or qualifications would especially fit you for work with our organization?

Subjects of special study/research work or special training/skills

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."

Date: _____

APPLICANT SIGNATURE

(By signing electronically I agree that the electronic signature is as binding as a written signature)

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 based on 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 _____