



City of Eagle Lake APPLICATION FOR EMPLOYMENT

100 East Main Street
P.O. Box 38
Eagle Lake, TX 77434

For HR Use Only

Telephone: (979) 234-2640 * Fax: (979) 234-3255

The City of Eagle Lake is An Equal Opportunity Employer.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT OR TYPE ALL INFORMATION

A separate application is required for each position you apply for.

DATE: _____ POSITION APPLYING FOR: _____

DATE YOU ARE AVAILABLE TO START WORK: _____

IS STARTING SALARY ACCEPTABLE? Yes ☐ No ☐ IF NO, WHAT SALARY IS DESIRED? _____

NAME _____
LAST FIRST M.I.

ADDRESS _____
STREET APT.# CITY STATE ZIP

PHONE (HOME): _____ (CELL): _____ Email: _____

DO YOU HAVE ANY RELATIVES WHO ARE WORKING FOR THE CITY OF EAGLE LAKE? Yes ☐ No ☐

If Yes: Name _____ Relationship _____

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF EAGLE LAKE? Yes ☐ No ☐

Dates of Employment: Starting _____ Ending _____

CHECK ANY OF THE FOLLOWING THAT YOU ARE UNABLE OR UNWILLING TO WORK:

EVENINGS ☐ DEEP NIGHTS ☐ WEEKENDS ☐ HOLIDAYS ☐ ON CALL ☐ PART-TIME ☐ FULL-TIME ☐ TEMPORARY ☐ OVERTIME ☐

HAVE YOU SERVED IN THE ARMED FORCES OR NATIONAL GUARD OF THE UNITED STATES? _____

BRANCH _____ DATES OF SERVICE _____

RANK AT DISCHARGE _____ TYPE OF DISCHARGE _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes ☐ No ☐

*If yes, you may be given the opportunity for an individualized assessment to determine eligibility to gain employment with the City.

PLEASE LIST ANY COURSES, PROGRAMS, PROFESSIONAL ASSOCIATIONS, LICENSING AND/OR CERTIFICATION OR ANY OTHER ACTIVITIES WHICH YOU PARTICIPATED IN THAT RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING:

EMPLOYMENT HISTORY

INSTRUCTIONS: List all employers for which you have worked in the last **ten (10) years**, starting with the most recent or current employer. Complete all blanks. Describe all job duties performed that demonstrate your qualifications for the position for which you are applying. **BE ADVISED THAT A RESUME IS NOT A SUBSTITUTE FOR THE INFORMATION REQUESTED BELOW.** A resume may be attached as a supplement to the information given below. Failure to provide the required information may result in disqualification from active consideration. You may attach additional pages if needed.

MOST RECENT EMPLOYER: _____ Starting Date: _____

ADDRESS: _____ Ending Date: _____

STREET

PHONE: _____

CITY

STATE

ZIP

NAME OF IMMEDIATE SUPERVISOR: _____ Starting Salary: _____

YOUR POSITION: _____ Ending Salary: _____

REASON FOR DESIRING CHANGE: _____ May we contact? _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES PERFORMED IN THIS POSITION THAT DEMONSTRATES YOUR QUALIFICATIONS FOR THE POSITON FOR WHICH YOU ARE CURRENTLY APPLYING. PLEASE BE SPECIFIC.

NEXT EMPLOYER: _____ Starting Date: _____
ADDRESS: _____ Ending Date: _____
STREET
CITY STATE ZIP PHONE: _____
NAME OF IMMEDIATE SUPERVISOR: _____ Starting Salary: _____
YOUR POSITION: _____ Ending Salary: _____
REASON FOR DESIRING CHANGE: _____ May we contact? _____
DESCRIPTION OF DUTIES AND RESPONSIBILITIES PERFORMED IN THIS POSITION THAT DEMONSTRATES
YOUR QUALIFICATIONS FOR THE POSITON FOR WHICH YOU ARE CURRENTLY APPLYING. PLEASE BE
SPECIFIC.

NEXT EMPLOYER: _____ Starting Date: _____
ADDRESS: _____ Ending Date: _____
STREET
CITY STATE ZIP PHONE: _____
NAME OF IMMEDIATE SUPERVISOR: _____ Starting Salary: _____
YOUR POSITION: _____ Ending Salary: _____
REASON FOR DESIRING CHANGE: _____ May we contact? _____
DESCRIPTION OF DUTIES AND RESPONSIBILITIES PERFORMED IN THIS POSITION THAT DEMONSTRATES
YOUR QUALIFICATIONS FOR THE POSITON FOR WHICH YOU ARE CURRENTLY APPLYING. PLEASE BE
SPECIFIC.

NEXT EMPLOYER: _____	Starting Date: _____
ADDRESS: _____	Ending Date: _____
STREET	
CITY _____ STATE _____ ZIP _____	PHONE: _____
NAME OF IMMEDIATE SUPERVISOR: _____	Starting Salary: _____
YOUR POSITION: _____	Ending Salary: _____
REASON FOR DESIRING CHANGE: _____	May we contact? _____
DESCRIPTION OF DUTIES AND RESPONSIBILITIES PERFORMED IN THIS POSITION THAT DEMONSTRATES YOUR QUALIFICATIONS FOR THE POSITON FOR WHICH YOU ARE CURRENTLY APPLYING. PLEASE BE SPECIFIC.	

EMPLOYMENT HISTORY (cont.)

EXPLAIN IN DETAIL ANY TIME LAPSES IN YOUR EMPLOYMENT RECORD DUE TO UNEMPLOYMENT OR OTHER REASONS:

References

Please provide business and/or personal references that we may contact while considering you for employment.

Name: _____	Relation: _____	Phone #: _____
Name: _____	Relation: _____	Phone #: _____
Name: _____	Relation: _____	Phone #: _____
Name: _____	Relation: _____	Phone #: _____

EDUCATION

School Name & Address	Type of Degree Granted (BBA, BS, BA, AS, MPA) - Major and Minor -	Last Year Completed (Circle)	Number of Hours Completed	Diploma/Degree Circle Yes or No
<u>High School</u>		<div style="display: flex; justify-content: space-around;"> 9101112 </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> </div>		Diploma? Yes <input type="checkbox"/> No <input type="checkbox"/> GED? Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>College</u>		<div style="display: flex; justify-content: space-around;"> 1234 </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> </div>		Degree? Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>College</u>		<div style="display: flex; justify-content: space-around;"> 1234 </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> </div>		Degree? Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Other</u>				Degree? Yes <input type="checkbox"/> No <input type="checkbox"/>

IMPORTANT – PLEASE READ

I understand that all information submitted and considered is subject to verification. I understand and hereby authorize and give permission for the City of Eagle Lake to conduct verification and/or investigations including but not limited to credit history, criminal history, driving record, character, employment history, reputation, and any other job-related investigations as are necessary to determine my qualifications for employment. I authorize the schools, persons, previous employers, and other organizations to provide the City with any and all information about me. I hereby release any such schools, persons, previous employers and other organizations or individuals from any and all liability for damages of whatever kind which may result to me, including but not limited to, claims for negligence, which they might otherwise incur as a result of disclosing the information about me.

I understand that if I am offered employment with the City of Eagle Lake, I will be required to pass a post-offer physical exam, which will include drug and alcohol testing. Any offer of employment that I may receive will be conditioned upon the results of the post-offer physical exam. I also understand that if I become employed with the City of Eagle Lake, I will be required to comply with the City's drug testing policies and procedures.

I agree to conform to the rules and regulations of the City of Eagle Lake. The City has the right to amend, modify and revoke its policies & procedures at any time. For appointed positions, I understand that my employment can be terminated with or without cause, and with or without notice, at the option of the City or myself. I understand that no employee or officer of the City has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

My employment shall be in accordance with the terms of this application, City rules and regulations and any amendments thereto. Failure to sign the application will result in an incomplete application and elimination from consideration.

Printed Name

Signature

Date

*Privacy Act of 1974 Disclosure. **Authority:** Human Resources, City of Eagle Lake. **Routine Uses:** The SSN is used to identify applications. **Purpose:** Conduct pre-employment background checks. **Disclosure:** Voluntary