Application for Employment

Equal Opportunity Employer: The City of Kirby does not discriminate on basis of race, color, age, sex, religion, national origin, disability, or veteran status.
Submit to: 112 Bauman Street, Kirby, Texas 78219
(210)661-3198
(PLEASE PRINT or TYPE)

Position(s) Applied for				Date of Application
Last Name	First Name		Middle Name	Social Security Number
Address (Street/P.O. Box)	City	State	Zip Code	Telephone

Do you have a valid driver's license? ☐ Yes ☐ No

_____

State License # Exp. Date Type

Can you show proof of eligibility to work in this Country? ☐ Yes ☐ No

Are you under 18 years of age? ☐ Yes ☐ No

Are you presently in a layoff status and subject to recall? ☐ Yes ☐ No

Have you ever been employed by the City of Kirby? ☐ Yes ☐ No

Dates: _____

May we contact your present and previous employers? ☐ Yes ☐ No

Are you related by kinship or marriage to any City of Kirby employee or City Council Member? ☐ Yes ☐ No

Have you been convicted of a felony or a Class A or a Class B Misdemeanor?
☐ Yes ☐ No

If yes, are you currently on probation?
☐ Yes ☐ No

Have you been convicted of the offense of driving while intoxicated or driving under the influence of drugs?
☐ Yes ☐ No

If yes to any questions above please provide a written and signed statement/explanation attached to application.

Date available for work: _____

Available for: ☐ Full-time ☐ Part-time ☐ Temporary

Agreement for AT-WILL-EMPLOYMENT: If I become employed, in consideration of my employment, I agree that my employment will be At-Will, and may be terminated with or without cause, and with or without notice, at any time at the option of myself or the City. I understand and acknowledge that this constitutes the entire agreement between me and the City regarding the term of my employment and supersedes any other oral or written agreement.

Education & Training

☐ Yes ☐ No Are you a high school graduate? _____
School Name City/State Year

☐ Yes ☐ No Do you have a GED certificate? _____
City/State

College(s) Attended	Location	Major	Type of degree Earned

Please list any other training and education including Trade School, Business College, etc., which would further qualify you for the position.

_____

_____

Special Skills/Qualifications

Add any additional special job-related skills or qualifications you may have received from your experiences (for example, licenses/certifications, foreign language proficiency, office/computer skills).

_____

_____

Personal/Professional References (Give name, address and telephone number of three persons not related or previous supervisors.)

Name	Phone No.	Best Time To Call	Occupation

EMPLOYMENT HISTORY

Instructions: Beginning with your most recent job, list below jobs which you have held and specifically describe duties performed. Include any job related military service-assignments or volunteer work. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status. **YOU MAY ATTACH A RESUME IF YOU WISH, BUT YOU MUST FILL OUT THIS THIS SECTION FULLY.** If you need additional space, please continue on a separate sheet of paper.

LIST NAME, ADDRESS & PHONE NUMBER OF CURRENT AND PREVIOUS EMPLOYERS STARTING WITH MOST RECENT FIRST	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY (Hr., Mo., or Yr.)
Job Title				

_____ Phone No. ( )_____

Employer Name

Address

Duties

Specific Reason for Leaving and was departure voluntary or involuntary? May we contact this employer? ☐ Yes ☐ No

LIST NAME, ADDRESS & PHONE NUMBER OF CURRENT AND PREVIOUS EMPLOYERS	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY (Hr., Mo., or Yr.)
Job Title				

_____ Phone No. ( )_____

Employer Name

Address

Duties

Specific Reason for Leaving and was departure voluntary or involuntary? May we contact this employer? ☐ Yes ☐ No

LIST NAME, ADDRESS & PHONE NUMBER OF CURRENT AND PREVIOUS EMPLOYERS	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY (Hr., Mo., or Yr.)
Job Title				

_____ Phone No. ( )_____

Employer Name

Address

Duties

Specific Reason for Leaving and was departure voluntary or involuntary? May we contact this employer? ☐ Yes ☐ No

Comments: Include explanation of any gaps in employment.

Applicant's Statement (Please read and sign below.)

I certify that all answers given in this application are true and complete. I also understand that any offer of employment may be conditional upon the satisfactory results of a medical evaluation, drug screening, criminal history background and driver's license check. I authorize investigation of all statements contained in this application for employment, as may be necessary in arriving at an employment decision and do not hold the City or any other individual involved in this investigation liable for information obtained in this process. I also understand that incomplete, false or misleading information given in my interview or this application may result in elimination from consideration for employment or discharge at any time. I further understand that, if employed, I will abide by all policies, rules and procedures of the City of Kirby.

Applicants Signature **Date**