

City of Groves

An Equal Opportunity Employer

DATE: _____

EMPLOYMENT APPLICATION

**3947 Lincoln
Groves, TX 77619
409-962-4471**

PERSONAL INFORMATION				
Name (Last, First, Middle):				
If ever known by any other name(s), please list full name(s):				
Mailing Address:	Street or Box	City	State	Zip
Physical Address:	Street	City	State	Zip
Telephone Numbers:				
Residence: () Pager: () Other: ()				
Social Security #:			Drivers License #:	
Type of Employment Desired: <input type="checkbox"/> -Full-time <input type="checkbox"/> -Part-time <input type="checkbox"/> -Temporary <input type="checkbox"/> -Educational Co-Op				

EDUCATIONAL BACKGROUND					
Education	Graduated	Degree (or Credits)	Major	GPA	School
1. High School Last grade completed?_____	<input type="checkbox"/> -Yes <input type="checkbox"/> -No If no, see #2				
2. GED obtained	<input type="checkbox"/> -Yes <input type="checkbox"/> -No	*****	*****		
3. College	<input type="checkbox"/> -Yes <input type="checkbox"/> -No				
4. Graduate School	<input type="checkbox"/> -Yes <input type="checkbox"/> -No				
5. Business/Technical	<input type="checkbox"/> -Yes <input type="checkbox"/> -No				
6. Special Courses	<input type="checkbox"/> -Yes <input type="checkbox"/> -No				

SKILLS AND QUALIFICATIONS
List any special training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

ASSOCIATIONS AND OFFICES HELD	
List professional, trade, business, or civic associations and any offices held. (Exclude memberships that would reveal sex, race, religion, national origin, age, color, disability, or any other similarly protected status.)	
Organization	Licenses, Certificates, Offices Held

ACCOMPLISHMENTS
List special accomplishments, publications, awards, etc. (Exclude information that would reveal sex, race, religion, national origin, age, color, disability, or any other similarly protected status.)

EMPLOYMENT HISTORY Provide the following information regarding your current and past employers, assignments, or other volunteer activities (include military service). Begin with your present position. Use additional sheets if necessary.

DATES EMPLOYED		EMPLOYER:	TELEPHONE () -
From	To	Employer's Full Mailing Address:	
		Your Job Title:	
Starting Wage:		Your Immediate Supervisor:	Telephone () -
\$	Per	Supervisor's Job Title:	
Final Wage:		Reason for Leaving:	
\$	Per	May we contact employer/supervisor for reference?	[]-Yes []-No []-Later
Summarize the type of work performed and job responsibilities:			

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CRIMINAL HISTORY

Have you ever been convicted of, pled guilty to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanors and felonies)? (Conviction will not necessarily disqualify the applicant. Each instance and explanation will be considered in relation to the position for which you are applying.) If yes , describe in full on a separate sheet of paper, including dates, criminal offenses, location (city and state), and disposition.	[]-Yes []-No
Are you currently serving probation, deferred adjudication, or any form of diversion for any criminal offense? If yes , describe in full on a separate sheet of paper, including criminal offense(s), current status, expected date of completion, and the name(s) and telephone number(s) of the probation officer or other person(s) to whom you report while on probation, deferred adjudication, or other form of diversion.	[]-Yes []-No
Have you ever applied for, received, or been denied a permit for a concealed handgun? If yes , describe in full on a separate sheet of paper.	[]-Yes []-No
Have you ever been charged or convicted for a violation relating to concealed handguns? If yes , describe in full on a separate sheet of paper.	[]-Yes []-No

ADDITIONAL INFORMATION

Are you legally eligible for employment in this country?	[]-Yes []-No
Have you submitted an application here before? If yes, please give approximate date.	[]-Yes []-No
Have you previously worked for the City of Groves? If yes, please give approximate date.	[]-Yes []-No
Are you related to any elected official of the City of Groves? If yes , please list name(s) and their relationship to you.	[]-Yes []-No
Are you related to any employee of the City of Groves? If yes , please list name(s) and their relationship to you.	[]-Yes []-No
May we contact you at work?	[]-Yes []-No
Earliest date you would be available to begin work?	
Will you work overtime if required?	[]-Yes []-No
List any additional information you would like the Personnel Department to consider.	

REFERENCES List three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	DESCRIBE AFFILIATION	YEARS KNOWN

AUTHORIZATION AND RELEASE FORM

It is the responsibility of the applicant to read the following before signing:

I certify that the answers given are true and complete to the best of my knowledge. I understand that any falsification or willful omission made in my application, resume or interview(s) shall be sufficient cause for dismissal or refusal of employment.

I understand that the information provided in my application, resume, and interviews will be investigated. Inquiries will be made concerning my employment, education, criminal and driving records, and other related matters. I give the City the right to contact and obtain information from all references, employers, educational institutions, and governmental agencies and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the City and its representatives for seeking, gathering, and using such information and all other persons, corporations, agencies, or organizations for furnishing such information.

I understand that my employment is at the discretion of the City Manager, and that the City of Groves is an at-will employer—which means that I may resign at any time and the City of Groves may terminate my employment at any time for no reason.

I understand that my employment is contingent upon successful completion of a medical exam and drug screen.

I certify that I have carefully read each provision of this application for employment and that I have been given an opportunity to ask questions concerning any provision which I do not fully understand.

Signature of Applicant

Date Signed