

City of Groves
An Equal Opportunity Employer
EMPLOYMENT APPLICATION
 3947 Lincoln
 Groves, TX 77619
 409-962-4471

Position Applying For:

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: ()		Cell: ()		Email: ()
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. 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?	<input type="checkbox"/> -Yes <input type="checkbox"/> -No <input type="checkbox"/> -Later
Summarize the type of work performed and job responsibilities:			

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Starting Wage:		Your Immediate Supervisor:	Telephone () -
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\$	Per	May we contact employer/supervisor for reference?	<input type="checkbox"/> -Yes <input type="checkbox"/> -No <input type="checkbox"/> -Later
Summarize the type of work performed and job responsibilities:			

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), 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?	[]-Yes []-No
If yes, please give approximate date.	
Have you previously worked for the City of Groves?	[]-Yes []-No
If yes, please give approximate date.	
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

Applicants for City of Groves Position:

I understand that to be considered for employment with the City of Groves, any information contained in this application, the background history statement, or any personal or private information that is related to the job I seek may be investigated and considered by the City of Groves.

I also understand that any information obtained because of this application and background investigation is by law subject to open records requests from any person.

I understand that the City of Groves will bear no obligation, other than those required by law, to reveal to me, or anyone acting for or against me, any information contained in the background investigation.

Applicant Name: _____
Printed Name

Signature of Applicant

Date

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of, and full disclosure of, all records concerning myself to any duly authorized agent of the City of Groves, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records, credit statements and records whether filed; medical and psychiatric treatment and/or consultations, including hospitals, clinics, private practitioners, and the United States Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys-at-law, or counsel representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed, directly or indirectly, in whole or in part, upon this authorization release will be considered in determining my suitability for employment. I also certify that any person(s) who furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from all liability which may be incurred as a result of furnishing such information.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature of Applicant

Date