



CITY OF HITCHCOCK
7423 HIGHWAY 6
HITCHCOCK, TEXAS 77590
(409) 986-5591
www.cityofhitchcock.org

Instructions: Print or type all information. Application must be completed in full. Incomplete applications may disqualify you from consideration. Applications will only be considered for "open" position(s).
BE ADVISED THAT A RESUME IS NOT A SUBSTITUTE FOR AN APPLICATION. A resume may be attached as a supplement.

All applicants meeting the City of Hitchcock's minimum qualifications for the specified job will be considered for employment without regard to race, religion, sex, national origin, age, or the presence of a non-job-related medical condition or disability.

PERSONAL INFORMATION

DATE:	SOCIAL SECURITY NO:	NAME: (Last, First MI)			
STREET ADDRESS:		CITY:	STATE:	ZIP CODE:	
HOME PHONE:	BUSINESS PHONE:		CELL:		
POSITION APPLIED FOR:	OTHER NAMES USED:	DATE OF BIRTH:	EMAIL ADDRESS:		
ARE YOU WILLING TO WORK: (Mark All That Apply) <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SHIFT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> WEEKENDS <input type="checkbox"/> NIGHTS					
Will accept current starting salary? <input type="checkbox"/> YES <input type="checkbox"/> NO		If "no" what salary is desired?			
Are you related to any employee of the City of Hitchcock? <input type="checkbox"/> YES <input type="checkbox"/> NO		Relationship:			
If "yes," please give their: Name:		Department:			
Are you related to any member of the City Commission? <input type="checkbox"/> YES <input type="checkbox"/> NO		Relationship:			
If "yes," please give their: Name:					
Have you previously been employed by the City of Hitchcock? <input type="checkbox"/> YES <input type="checkbox"/> NO If answered "yes": When:					
In what department:			Title:		
Date you are available to start work:			Are you legally authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		

REFERRAL SOURCE

How did you learn about us and/or the position for which you applied? Place a check next to the appropriate choice. Please mark <u>one</u> choice only.		
<input type="checkbox"/> (01) Newspaper	<input type="checkbox"/> (02) Walk-in	<input type="checkbox"/> (03) Relative/Friend
<input type="checkbox"/> (04) City of Hitchcock web site	<input type="checkbox"/> (05) Professional Organization	<input type="checkbox"/> (06) Other

PERSONAL HISTORY

1. Have you ever been discharged (fired) for any reason from a job? Employer name:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been asked to resign? Employer Name:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been convicted of or received probation or deferred adjudication for any felony or misdemeanor, excluding minor traffic offenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you under 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you currently on "lay-off" status and subject to recall? Employer Name:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain any "yes" responses given to the above questions including dates, location, circumstances, and other relevant information:		

GENERAL SKILLS

Office Skills	<input type="checkbox"/> Windows <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Word <input type="checkbox"/> Incode INCODE:				
Driver's License	DL#:	State:	Type:	Class A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
Public Works	Surface Water	Gr:	Wastewater Treatment	Gr:	
	Water Distribution	Gr:	Wastewater Collection	Gr:	
	Agency/ State Issuing:		Expiration Date:		
Languages	Spoken:		Written:		

EDUCATION INFORMATION

High School or GED	City	State	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	GED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
College Name	City	State	Degree <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	Credit Hrs.	GPA
College Name	City	State	Degree <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	Credit Hrs.	GPA

Please list any professional associations, licensing, and/or certification which you participate in or have acquired:

INSTRUCTIONS: List the last five (5) employers for whom you have worked, starting with the most recent or current employer.

EMPLOYMENT HISTORY

Present or last employer	Phone	Starting date	Month/Year
Address	City, State, Zip	Ending date	Month/Year
Name of immediate supervisor	Your position/title	Starting salary	
Commercial Driver's License (CDL) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ending salary	
Reason for leaving			
Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific.			
Previous employer	Phone	Starting date	Month/Year
Address	City, State, Zip	Ending date	Month/Year
Name of immediate supervisor	Your position/title	Starting salary	
Commercial Driver's License (CDL) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ending salary	
Reason for leaving			
Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific.			
Previous employer	Phone	Starting date	Month/Year
Address	City, State, Zip	Ending date	Month/Year
Name of immediate supervisor	Your position/title	Starting salary	
Commercial Driver's License (CDL) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ending salary	
Reason for leaving			
Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific.			

Previous employer	Phone	Starting date Month/Year
Address	City, State, Zip	Ending date Month/Year
Name of immediate supervisor	Your position/title	Starting salary
Commercial Driver's License (CDL) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ending salary
Reason for leaving		
Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific.		
Previous employer	Phone	Starting date Month/Year
Address	City, State, Zip	Ending date Month/Year
Name of immediate supervisor	Your position/title	Starting salary
Commercial Driver's License (CDL) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ending salary
Reason for leaving		
Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific.		

Explain in detail any time lapses in the above employment record due to unemployment or other reasons _____

IMPORTANT - PLEASE READ

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

I UNDERSTAND that a large number of applications may be received for a single position and that it is not possible for the City to personally interview every applicant. I UNDERSTAND that this application, along with any attachments, become the property of the City of Hitchcock and that all information submitted and considered is subject to verification. I UNDERSTAND, AUTHORIZE, AND GIVE PERMISSION for the City of Hitchcock to conduct verification and/or investigations of my 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 and do not hold the City or any other individual involved in this investigation liable for information obtained in this process

I UNDERSTAND that if I am offered employment with the City of Hitchcock, may be conditional upon the satisfactory results of a medical evaluation and alcohol/drug screening, I will be required to take a post-offer physical exam which will include a drug test. Any offer of employment that I may receive will be conditioned upon the results of the post-offer physical exam. In addition, positive results of the post-offer drug test will disqualify me from employment. I ALSO UNDERSTAND that if I become employed with the City of Hitchcock, I will be required to comply with the City's drug testing program.

I CERTIFY that all statements and answers to all questions in this application are true, complete and correct, and are made in good faith. I UNDERSTAND that falsification of any answers I have given and/or failure to provide requested information will have serious consequences, including disqualification for employment and/or termination of employment at any time. I will abide all policies, rules and procedures of the City of Hitchcock

Signature:

Date:

AFFIRMATIVE ACTION SURVEY

EQUAL OPPORTUNITY EMPLOYER. All hiring, promotion practices, and other terms and conditions of employment shall be maintained and conducted in a manner which does not illegally discriminate on the basis of age, race, creed, political or religious affiliation, color, disability, marital status, sex, national origin, ancestry, sexual orientation, arrest record, conviction record, membership in the national guard, state defense force or any other reserve component of the military forces of the United States or this state or use or nonuse of lawful products off the employer's premises during nonworking hours.

The following information is needed to complete various government reports and implement Affirmative Action programs to monitor and prevent discrimination on the basis of age, race, creed, color, disability, sex, national origin, or ancestry. The information furnished on this form will not and legally cannot be used adversely against an applicant for employment, except that age, sex, and physical or mental ability may be considered when relevant to the position for which you are applying.

This document will not be kept with the employment application. It shall be maintained as a confidential record of the Affirmative Action Officer.

Please note that this information is provided on a voluntary basis. If you object to furnishing the information, simply sign and date the form. Any false information on this form will be treated as false statements on the application form.

Please Print Legibly in Ink or Type

POSITION APPLIED FOR:	TODAY'S DATE:
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Applicant's Full Name:	
Date of Birth: <u> / / </u> MM / DD / YYYY	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

DISABILITY STATUS
An individual is considered disabled if he/she : 1. has a physical impairment which substantially limits one or more major life activities; 2. has a record of such impairment; or 3. is regarded as having such impairment.
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, nature and/or severity of disability:

ETHNICITY & RACE
We maintain, collect, and present data on race and ethnicity for Federal statistical purposes, program administrative reporting, and civil rights compliance reporting. In 1997, new reporting standards were issued by the Federal Government. They established two separate categories of Ethnicity and Race. With respect to ethnicity, the standards provide for the collection of data on whether or not a person is of "Hispanic or Latino" culture or origin. With respect to race, the standards require agencies to provide an opportunity for individuals to select one or more races when responding to agency requests for data on race. The 1997 standards emphasize self-reporting or self-identification as the preferred method for collecting data on race and ethnicity. The following responses are based on your own self-perception and/or self-identification.
Please answer BOTH questions 1 and 2.
1. ETHNICITY Are you of Hispanic or Latino culture or origin? <i>Mark ONLY ONE</i> <input type="checkbox"/> NO, not Spanish, Hispanic, or Latino <input type="checkbox"/> YES, Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

ETHNICITY & RACE (continued)

Please also answer question 2.

2. RACE

Mark ONE OR MORE

- American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam, or other Asian country.
- Black or African American:** a person having origins in any of the original black racial peoples of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White or Caucasian:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

HOW DID YOU HEAR ABOUT THIS VACANCY?

Newspaper Ad Name of Newspaper: _____

Web Site: Web Address: _____

Job Board

City Employee

Walk-in visit

Job Posting at a City facility

Other, please specify: _____

SIGNATURE

Date: _____ Signature: _____

Authorization and Agreement

I Hereby Authorize You to Contact: My Present Employer(s)	Yes	No
My Past Employers	Yes	No

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests, including an alcohol/drug screening test and production of all necessary for the employer to verify my identity and work authorization in accordance with the requirement of the Immigration and Naturalization Services.

As an employer, the City of Hitchcock ("City" is subject to Section 504 of the Rehabilitation Act of 1973 and the American Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their job. Submission of this information is strictly voluntary and may be made to the City Administrator.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the City shall not be liable in any respect if my employment is so denied or terminated.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at-will and I may resign at any time for any reason; similarly, my employment may be terminated by the City at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me or a duly authorized representative of the City.

I understand that consideration for employment with the City is contingent upon the results of a background, an alcohol/drug screening test and reference check. I authorize the City to investigate all statements made on my application for employment and to discuss the results of the investigation with City personnel responsible for hiring. I further authorize the City to contact my former employer(s), and listed references, and any other person who can verify or provide information about me and I give my consent for former employer(s) and other contacted persons to respond to questions relative to my potential employment with the City. I understand that the City will conduct a criminal background check, and alcohol/drug screening test and, at the City's sole option will conduct a driver's license check or require me to provide the same. Further, I release from liability all former employer(s) or other persons contacted by, and providing information to the City.

For the purpose of the background check, I am providing my date of birth and any additional names or aliases used by me.

Do Not Sign until You Have Read the Above Authorization and Agreement Statements.

Print Full Name

Date of Birth

Signature

Date

Witness (Notary)

Date