



City of Beeville  
Office of the City Manager

---

---

The City of Beeville is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services.

---

(PLEASE PRINT)

Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip code

Telephone \_\_\_\_ / \_\_\_\_ Social Security Number \_\_\_\_\_

State Age if under 18 or over 70 \_\_\_\_ Driver's License \_\_\_\_\_  
State/Number

Position(s) Applied For \_\_\_\_\_

Have you ever been employed here? \_\_\_\_ Yes \_\_\_\_ NO

If YES, give date of last employment. \_\_\_\_\_

Are you currently employed? \_\_\_\_ Yes \_\_\_\_ No May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No

Are you prevented from lawfully becoming employed in this country because of Visa or on Immigration Status? \_\_\_\_ Yes \_\_\_\_ No

On what date would you be available for work? \_\_\_\_\_

Are you available for work \_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ Temporary

Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No

If YES, please explain \_\_\_\_\_

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Are you related to any City Councilmember, or the City Manager, within the 3<sup>rd</sup> degree by consanguinity (relationship by blood or birth) or the 2<sup>nd</sup> degree by affinity (relationship by marriage)?

\_\_\_ Yes \_\_\_ No

**MILITARY SERVICE RECORD**

Veteran of the U.S. military service? \_\_\_ Yes \_\_\_ No If YES, Branch \_\_\_\_\_

Dates of Duty: From: \_\_\_\_\_ To: \_\_\_\_\_

Honorable Discharge: \_\_\_ Yes \_\_\_ No Rank of Discharge: \_\_\_\_\_

**EDUCATION**

School	Name and Address of School	Course of Study	Circle Last Year Completed		Did you Graduate?	List Diploma
Elementary		X	5	6	___ Yes	X
			7	8	___ No	
High		X	1	2	___ Yes	X
			3	4	___ No	
College			1	2	___ Yes	
			3	4	___ No	
Other (Specify)			1	2	___ Yes	
			3	4	___ No	

---

---

### Employment Experience

Start with your present or last job. If you need additional space, please continue on a separate sheet of paper.

1. Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

\_\_\_\_\_ Salary/Hourly Wages \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Most recent Supervisor \_\_\_\_\_

2.

Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

\_\_\_\_\_ Salary/Hourly Wages \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Most recent Supervisor \_\_\_\_\_

3.

Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

\_\_\_\_\_ Salary/Hourly Wages \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Most recent Supervisor \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experience \_\_\_\_\_

---

Give name, address, and telephone number of three personal references who are not related to you, and are not previous employers.

---

Name	Address	Phone
------	---------	-------

Name	Address	Phone
------	---------	-------

---

Name	Address	Phone
------	---------	-------

---

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigation or credit agencies or bureaus of your choice. I also understand that a physical examination is required before employment (excluding office employees).

---

Signature

---

Date

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

---

---

**Pre-Employment**

Worksite Visit \_\_\_\_\_ Yes \_\_\_\_\_ NO

Interviewer's Remarks \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

---

---

**Upon Hire**

Employed \_\_\_\_\_ Yes \_\_\_\_\_ No                      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_

Salary Range and Step \_\_\_\_\_

Physical Required \_\_\_ Yes \_\_\_ No      Physical Passed \_\_\_ Yes \_\_\_ No      Date: \_\_\_\_\_

Twin Fountains Walk-n Clinic/Other      Date: \_\_\_\_\_

Drug Results Test Required (eff. 05/2013) \_\_\_ Yes \_\_\_ No      Passed \_\_\_ Yes \_\_\_ No      Date: \_\_\_\_\_

\_\_\_\_\_  
Department Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Manager's Signature/Designee

\_\_\_\_\_  
Date