



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. The City of Beeville is an At Will Employer.

(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

Are you related to any City Councilmember, or the City Manager, within the 3rd degree by consanguinity (relationship by blood or birth) or the 2nd 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 | Number of years completed | Did you Graduate? | List Diploma |
|--------------------|----------------------------|-----------------|---------------------------|---|--------------|
| | | | | | |
| High | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other (Specify) | | | | <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____

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 |
|------|---------|-------|
| | | |
| | | |
| | | |

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