



CITY OF BEEVILLE

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. Nothing contained in this Employment Application or any other materials or information distributed by the City of Beeville creates a contract of employment between an applicant and the City. The City of Beeville is an At Will Employer.

(PLEASE PRINT)

Date: _____

Name _____
Last First Middle

Address _____
Number Street City State Zip code

Telephone _____ / _____

State Age if under 18 _____ 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 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	Circle Last Year Completed		Did you Graduate?	List Diploma
High		X	1	2	___ Yes	X
			3	4	___ No	
College			1	2	___ Yes	
			3	4	___ No	
Other (Specify)			1	2	___ Yes	
			3	4	___ No	

Last Name: _____ First Name: _____

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

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: _____

Urgent Care 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