

**APPLICATION FOR EMPLOYMENT**

**CITY OF COMBES**

P.O. Box 280  
21626 Hand Rd. Combes, Texas 78535  
(956) 425-7131, fax (956) 412-6795

Answer all questions completely. Only fully completed applications will be considered for employment. The information you supply will be fully verified, so you should avoid any misstatements since they would jeopardize your consideration for employment or serve as grounds for dismissal.

PRINT CLEARLY OR TYPE

TODAY'S DATE: \_\_\_\_\_

Position Desired: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

DOB: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ DL NUMBER & STATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Phone/Mobile/Pager: \_\_\_\_\_

Have you ever worked under another name?  NO  YES / If YES, what name? \_\_\_\_\_

Are you over 18 years of Age?  NO  YES Date Available: \_\_\_\_\_

Hours willing to work? \_\_\_\_\_  Full-Time  Part-Time  Rotating Shift  Temporary

Willing to travel?  NO  YES Percent of Time: \_\_\_\_\_

How did you hear about the job?  Combes Employee  Newspaper  Texas Workforce Commission  
 School Placement Center  Other: \_\_\_\_\_

**PERSONAL DATA**

Have you ever applied for a position with the City of Combes?  NO  YES Give Date: \_\_\_\_\_

Have you ever worked for the City of Combes?  NO  YES Give Date: \_\_\_\_\_

Are any of your relatives employees of the City of Combes?  NO  YES

If YES, list name, relationship, and department employed in: \_\_\_\_\_

Have you ever been convicted of a felony, misdemeanor, or received a differed adjudication? (Disclosure of criminal record does not automatically disqualify you for employment):  NO  YES

If yes, provide dates, nature of charge, and disposition: \_\_\_\_\_

Are you authorized to work in this country?  NO  YES

Have you ever been discharged, suspended, or asked to resign from employment? If YES, explain:  NO  YES

Are you a veteran of the U.S. Military Service?  NO  YES

Branch: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_ Dates: \_\_\_\_\_

Are you able to perform the essential job functions with or without reasonable accommodation? (Answer only after reviewing the essential job duties; may request a copy of the job description)  NO  YES

## EDUCATION HISTORY

School/Location	Degree or Semester Hours Completed	Honors/ Awards Extracurricular Activities
High School:	Graduated? <input type="checkbox"/> NO <span style="margin-left: 150px;"><input type="checkbox"/> YES</span>	
College:		
Business/Vocational School:		

## SPECIAL QUALIFICATIONS

### For Clerical Positions

Do you type?  NO  YES \_\_\_\_\_ WPM

Do you use a 10-Key Adding Machine?  NO  YES

What office machines can you operate? (Include computer skill): \_\_\_\_\_

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### For Public Works Positions

What machines/equipment can you operate that are related to the job you are applying for? (backhoe, mower, sprayers)

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### For All Positions

Can you speak or write in a foreign language? Speak Write

Language: \_\_\_\_\_  Fluently  Not Fluently  Fluently  Not Fluently

What other licenses/certifications/registrations do you have? (Include dates received and license numbers)

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Do you have any other special skills related to the job you are applying for? (Include knowledge of computer software i.e. MS Office): \_\_\_\_\_

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**City of Combes is an Equal Opportunity Employer**

## EMPLOYMENT HISTORY

List all employment after leaving school, starting with your most recent position. All time must be accounted for, including U.S. Military Service. If you were unemployed for any reason, state what you were doing. Complete this section carefully because your work experience will be important in finding the position you are best suited for. Be sure to include all job history relevant to the position you are applying for. If you need additional space continue on a separate sheet of paper.

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Company: _____	FOR EMPLOYER USE ONLY
Address: _____	
Supervisor Name & Title: _____	
Telephone: _____	
May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Last Position: _____	
From: _____ / _____ / _____ TO _____ / _____ / _____	Starting Salary: \$ _____
	Ending Salary: \$ _____
Duties and Responsibilities: _____	
_____	
Reason for Leaving: _____	

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May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Last Position: _____	
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	Ending Salary: \$ _____
Duties and Responsibilities: _____	
_____	
Reason for Leaving: _____	

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**REFERENCES**

List 3 persons **NOT** related to you who have definite knowledge of your character, qualifications, and fitness for the position you are applying for. DO NOT REPEAT NAMES LISTED IN THE EMPLOYMENT HISTORY.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_  
How long has reference known you? \_\_\_\_\_

FOR EMPLOYER USE ONLY

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_  
How long has reference known you? \_\_\_\_\_

FOR EMPLOYER USE ONLY

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_  
How long has reference known you? \_\_\_\_\_

FOR EMPLOYER USE ONLY

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

**AUTHORIZATION AND AGREEMENT**

*Please read before signing. If you have any questions, please ask.*

The City of Combes is an equal opportunity employer and does not discriminate in its recruiting, selection, and hiring procedures because of race, color, sex, religion, national origin, age, disability, citizenship, veteran status, political affiliation or belief, or any other non-job related factor.

I authorize the references and prior employers listed above to give the City of Combes any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to the City of Combes.

I hereby affirm that the information provided in this Application for Employment is true, correct, and complete. If employed, any misstatements or omission of fact on this application may result in my dismissal.

I understand that completion of this employment application form does not constitute any type of employment agreement or contract. I further understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature: \_\_\_\_\_

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

**FOR PERSONNEL USE ONLY**

Interviewer/Department: \_\_\_\_\_

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

Summary Remarks: \_\_\_\_\_

Employed:  NO     YES    DOH: \_\_\_\_\_

Salary/Hourly Rate: \$ \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

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