



City of Crystal City
101 E. Dimmit Street
Crystal City, Texas 78839
Ph: 830 374-3477 Fax: 830 374-2123

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position(s) Applied For		Date of Application:	
How did You Learn about us?		<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other	
Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Number(s) () -	Driver's License Number	Expiration Date	State

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No
If yes, give date _____

Have you ever been employed with us before? ☐ Yes ☐ No
If yes, give date _____

Are you currently employed? ☐ Yes ☐ No

May we contact your employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? ☐ Yes ☐ No
Proof of citizenship or Immigration Status will be required upon employment.

On what date would you be available for work? _____

Are you available for work: ☐ Full-Time ☐ Part-Time ☐ Shift Work ☐ Temporary

Are you currently on Alay-off status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

WE ARE AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location				
Years Completed	4/ 5/ 6/ 7/ 8/	9/ 10/ 11/ 12	1/ 2/ 3/ 4	1/ 2 / 3/ 4
Diploma/Degree				
Describe Course of Study				

Describe any specialized training, apprenticeship, skills and extracurricular activities_____

Describe any honors you have received_____

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

Indicate any foreign languages you can speak, read, and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

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

1. _____

2. _____

3. _____

Have you ever had any job related training in the United States Military?

☐ Yes ☐ No

If yes, please describe_____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

☐ Yes ☐ No

Employment Experience

Start with you present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.

Employer:			
Address:		Telephone Number:	
Supervisor:			
Job Title:			
Reason for Leaving:			
Work Performed:			
Dates Employed - From:	To:	Hourly Rate/Salary - Starting:	Final:

2.

Employer:			
Address:		Telephone Number:	
Supervisor:			
Job Title:			
Reason for Leaving:			
Work Performed:			
Dates Employed - From:	To:	Hourly Rate/Salary - Starting:	Final:

3.

Employer:			
Address:		Telephone Number:	
Supervisor:			
Job Title:			
Reason for Leaving:			
Work Performed:			
Dates Employed - From:	To:	Hourly Rate/Salary - Starting:	Final:

4.

Employer:			
Address:		Telephone Number:	
Supervisor:			
Job Title:			
Reason for Leaving:			
Work Performed:			
Dates Employed - From:	To:	Hourly Rate/Salary - Starting:	Final:

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience:

Nepotism and Fiscal Statements

Nepotism Statement

I hereby certify that I am not related to any of the City Council Members of the City of Crystal City by either consanguinity (blood) or affinity (marriage) and fully understand that if employed and it is later discovered otherwise that I will be dismissed from employment and will be subject to any fraud charges knowingly committed regarding this statement

NOTE: Relationship by consanguinity (blood relative) include a parent, child, grandparent, grandchild, sister, brother, great grandparent, great grandchild, aunt/uncle or niece/nephew.

Relationships by affinity (marriage include a spouse, parent, child, grandparent, grandchild, sister or brother.

I further certify that I have not been promised employment with the City of Crystal City by any City Council Member or Administrator of the City of Crystal City.

Signature of Applicant

Date

NOTE: Do not submit this application if you are related to a City Council Member in any of the categories of relationships mentioned above, or if you are not positive of the exact relationship. Instead sign below:

Are you related by consanguinity (blood) or affinity (marriage) to any employee(s) presently working with the City of Crystal City?

Person(s) _____ Relationship of Each _____

TO PERSONNEL OFFICE:

I am related to a City Council Member and would like to have a copy of the forms that I need to fill out explaining the relationship so that it can be determined if I am eligible to apply for employment at this time.

Signature of Applicant

Date

Fiscal Statement

Once employed with the City of Crystal City, I expressly agree that if through misinformation, misrepresentation, or error in salary or any other money other than that to which I am entitled to because of any qualifications, position, duties, degree (if any), and/or tenure is paid to me, the correction to the proper amount shall be made retroactively and adjusted immediately.

Signature of Applicant

Date

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an at will nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this at will employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by and authorized executive of this organization.

In the event of employment, I understand that false misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

Interviewer

Date

Employed ☐ Yes ☐ No

Date of Employment _____

Job Title _____

Hourly Rate/Salary _____

Department _____

By _____

Name and Title

Date

Notes:

Employment Data Sheet

VOLUNTARY SURVEY

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status

As an employer with an Affirmative Action Program, we comply with government regulations, including affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping reporting, and other legal requirements. Periodic reports are made to the government on the following information. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in Confidential File and are not a part of your Application for Employment or personnel file. Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

[Please print]

Date _____

Government agencies at time require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name:		
Address:		
City:	State:	Zip:
Social Security Number:		
Complete only the Sections that have been Checked		
<input type="checkbox"/> Current Job:		
<input type="checkbox"/> Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Check one of the following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander		
<input type="checkbox"/> Check if any of the following are applicable: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual		
<input type="checkbox"/> Birth Date:		
FOR PERSONNEL DEPARTMENT USE ONLY		
Position(s) Applied For Is Open: <input type="checkbox"/> Yes <input type="checkbox"/> No Position(s) Considered For: _____		
Date: _____		