



491 Ave H • PO Box 378  
 Poteet, Texas • 78065  
 t. 830.742.3574 • f. 830.742.8747  
**APPLICATION FOR EMPLOYMENT**

The City of Poteet, Texas does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, veteran status, or any other legally protected status in accordance with federal, state and local laws.

This application for employment was designed for use by person applying various types of positions. Some questions may not be completely applicable to the position. Please complete all job-related questions to the best of your ability. Applicants may request any accommodation needed to participate in the application and/or interview process.

<b>Position applied for</b>	<b>Date of Application</b>

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Address (Street/Route/Post Office Box)</b>		<b>City / State / Zip Code</b>
<b>Contact Phone Number(s)</b>	<b>Email Address</b>	<b>Social Security Number</b>
<b>Cell</b> (____) ____ - _____	_____	_____
<b>Home</b> (____) ____ - _____		
<b>Other</b> (____) ____ - _____		

<p>If you are over 18 years of age, can you show proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you related by kinship or marriage to any City of Poteet employee currently employed by the City or any city Council Member currently serving in Office? If yes, please give name &amp; relationship: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been employed under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you have a current / valid driver's license?          State: _____ Number: _____ Type: _____</p> <p>Date available for employment with the City of Poteet _____</p> <p>What is your desired hourly / salary range? _____</p> <p>Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Available for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time  <input type="checkbox"/> Temporary <input type="checkbox"/> Shift work</p>
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**EDUCATION AND TRAINING**

Indicate the highest grade completed: \_\_\_\_\_ Other: \_\_\_\_\_

Did you graduate / achieve GED?     Yes     No

	Name of School City & State	Number of Years Completed	Degree / Certification Earned	Major
High School				
College				
Graduate School				
Trade/Business/Other Training				

\* Please include undergraduate colleges or universities, graduate schools, technical, vocational, or business schools

**SPECIAL SKILLS / QUALIFICATIONS**

Add any additional special job-related skills or qualifications you may received from your experiences (e.g. foreign language proficiency, office or special equipment you can operate and types of computer software / hardware you are familiar with using.

Special Job-related skills/qualification	Office or Special Equipment	Computer Software / Hardware

If a license, certificate or other authorization is required or related to the position for which you are applying, please complete the following:

License / Certificate	Date Issued	Issued by: State or Issuing Authority	License Number	Location of issuing authority (City / State)

**EMPLOYMENT RECORD**

\* Instructions: Give information related to the most recent job(s) you held and described duties performed. Include any job related military service assignments or volunteer work.  
**You may attach a resume, so full employment experience may be reviewed, BUT this section still must be completed.**

Employer:		Address:	
City, State	Zip Code:	Phone No. (    )	
Supervisor's Name:		Full Time <input type="radio"/>	Part Time <input checked="" type="radio"/>
		Temporary <input checked="" type="radio"/>	
Employed From:	To:	Starting Salary:	Ending Salary:
Job Title:		Would there be a problem if we contact your current Employer? Yes _____ No _____	
If yes, explain:			
Job Description:			
Reason For Leaving:			

Employer:		Address:	
City, State	Zip Code:	Phone No. (    )	
Supervisor's Name:		Full Time <input type="radio"/>	Part Time <input checked="" type="radio"/>
		Temporary <input checked="" type="radio"/>	
Employed From:	To:	Starting Salary:	Ending Salary:
Job Title:		Would there be a problem if we contact your current Employer? Yes _____ No _____	
If yes, explain:			
Job Description:			
Reason For Leaving:			

Employer:		Address:	
City, State	Zip Code:	Phone No. (    )	
Supervisor's Name:		Full Time <input type="radio"/>	Part Time <input checked="" type="radio"/>
		Temporary <input checked="" type="radio"/>	
Employed From:	To:	Starting Salary:	Ending Salary:
Job Title:		Would there be a problem if we contact your current Employer? Yes _____ No _____	
If yes, explain:			
Job Description:			
Reason For Leaving:			

Employer:		Address:	
City, State	Zip Code:	Phone No. (    )	
Supervisor's Name:		Full Time <input type="radio"/>	Part Time <input checked="" type="radio"/>
		Temporary <input checked="" type="radio"/>	
Employed From:	To:	Starting Salary:	Ending Salary:
Job Title:		Would there be a problem if we contact your current Employer? Yes _____ No _____	
If yes, explain:			
Job Description:			
Reason For Leaving:			

**REFERENCES**

Title / Name	Address	Phone

**TRAFFIC ACCIDENT'S**

Describe briefly any traffic accidents in which you have been involved, giving approximate dates and locations.

Brief Description	City / State	Dates and Disposition

**MILITARY SERVICE**

Have you ever served in the Armed Forces of the United States?  Yes  No

If YES, Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Highest Rank Held: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

If you received a discharge other than Honorable, please give complete details.

Details: \_\_\_\_\_

Are you in the Guard or Reserves?  Yes  No

Are you currently under indictment, awaiting trial, on probation, or serving a period of deferred adjudication for any criminal offense?  Yes  No If YES, please explain:

Explanation: \_\_\_\_\_

**SPECIAL TRAINING / SKILLS / QUALIFICATIONS**

List all job-related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

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

**APPLICANT'S STATEMENT (Please read and sign below)**

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I authorize investigation of all statements, contained in this application for employment, as may be necessary in arriving at an employment decision and do not hold the City or any other individual involved in this investigation liable for information obtained in this process.
4. I also understand that false or misleading information given in my interview, or this application, may result in my elimination from consideration for employment and/or discharge at any time.
5. I further understand that, if employed, I will abide by all policies, rules and procedures of the City of Poteet.
6. I understand the City of Poteet follows an "employment at will" policy which means the City of Poteet may terminate my employment at any time and/or for any reason consistent with applicable state or federal laws.

Print Name: \_\_\_\_\_

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

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

**FOR HUMAN RESOURCES DEPARTMENT USE ONLY**

Arrange an Interview:  Yes  No

Hired:  Yes  No

Remarks:

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

Employed:  Yes  No

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

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

Hourly / Salary rate: \_\_\_\_\_

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

Approved by: \_\_\_\_\_

(Print Name)

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

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

## Authorization for Release of Information

I hereby authorize any investigator or duly accredited representative of the City of Poteet bearing this signed release to obtain any information from schools, residential managements agents, employers, criminal justice agencies, individuals, or credit agencies relating to my activities.

This information may include, but is not limited to, academic, residential, achievement performance, attendance, personal history, personal finances, disciplinary, and conviction records. I hereby authorize the release of said information upon the request of the City of Poteet. I understand that the information released is for official use of the City of Poteet and may be disclosed to any necessary third parties for the fulfillment of the official responsibilities.

Written inquiries about criminal conviction will not automatically disqualify an applicant for a particular position.

The type and seriousness of the crime, the frequency of violations, the applicant's age at the time of the conviction, the date of conviction, and the applicant's entire work and educational history will be considered.

I hereby release any individual, including record custodians, from any and all liability for damages of any nature that may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date of Birth