Application

WALLIS TEXAS

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
0 Advertisement	0 Friend	0 Inquiry	
0 Employment Agency	0 Relative	0 Other _____	

Last Name	First Name	Middle Name
Address Number Street	City State	Zip Code
Telephone Number(s)	Social Security Number (voluntary)	

Best time to contact you at home is: _____ AM PM

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?
If Yes, give date_____ ☐ Yes ☐ No

Have you ever been employed with us before?
If Yes, give date_____ ☐ Yes ☐ No

Do any of your friends or relatives, other than spouse, work here?
If Yes, state name, relationship, and location _____ ☐ Yes ☐ No

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 Immigration Status?
Proof of citizenship or immigration status will be required upon employment. ☐ Yes ☐ No

Date you will be available for work____ /__ /__   What is your desired salary range?_____

Are you available to work: ☐ Full Time

___ Part Time (Please indicate Mornings Afternoon Evenings)

___ Temporary (Please indicate dates available __/__ -

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	No. OF YEARS COMPLETED	DIPLOMA/DEGREE
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE/PROFESSIONAL				
OTHER (SPECIFY)				

WORK EXPERIENCE

Start with your 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, disabilities, or other protected status.

Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)		
Starting/Present Job Title	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for Leaving		MAY WE CONTACT ☐YEs ☐ No

Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)		
Starting/Present Job Title	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for leaving		MAY WE CONTACT Yes ☐ No

Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)		
Starting/Present Job Title	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for Leaving		MAY WE CONTACT 0 YES ☐ No

Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)		
Starting/Present Job Title	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for Leaving		MAY WE CONTACT 0 YES ☐ No

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

ADDITIONAL INFORMATION
Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

SPECIALIZED SKILLS (SKILLS/EQUIPMENT OPERATED)

		Production/Mobile Machinery (list)	Other (list)
__ Terminal	__ Spreadsheet		
__ PC/MAC	__ Word Processing		
__ Typewriter WPM __	__ Shorthand WPM __		

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

PLEASE INDICATE ANY FOREIGN LANGUAGES You CAN SPEAK, READ, OR WRITE

	Fluent	Good	Fair
Speak			
Read			
Write			

PERSONAL/PROFESSIONAL REFERENCES   (Do not include family members or past supervisors.)

Name	Phone Number	Email Address	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 of time 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 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 an authorized executive of this organization.

In the even of employment, I understand that false or 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

Position (s) Applied For Is Open: ____ Yes   ____No

Position (s) Considered For: _____

_____

Arrange Interview   ____Yes ____No

Remarks: _____

_____

_____

Employed: ____Yes ____ No   Date of Employment: _____

Hourly Rate/Salary: _____

Department: _____

Job Title: _____

By: _____   Date: _____

CITY OF WALLIS

BACKGROUND INQUIRY RELEASE

I UNDERSTAND THAT THE City of Wallis will be conducting a background investigation on me, including but not limited to identity and prior address verification, criminal history, driving record, credit history, medical history, education verification, licensing verification, prior employment verification, work and other references, as well as any other information that the investigator deems necessary.

I understand that the information and reports developed may include information as to my character, work habits, job performance and experience, along with reasons for termination of prior employment. I further understand that for purposes of this background investigation, various sources will be contacted to provide information, including but not limited to various federal, state municipal, corporate, private and other sources which may contain records concerning my past activities relating to possible criminal conduct, civil litigation, driving history and credit performance as well as any other information the investigator feels is necessary.

I authorize, without reservation, any company agency, party or other source contacted to furnish the above information. I also consent to the retrieval of the above documents. I also understand and agree that all information received by the City of Wallis as a result of this investigation connected with my application is confidential and shall NOT be disclosed to me at any time.
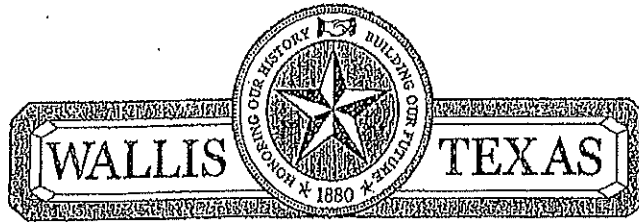
_____   _____
Applicant Signature   Date

_____   _____
Print Name   Date of Birth

_____
DL#

MUST PROVIDE A COPY OF YOUR DRIVERS LICENSE

WALLIS ✦ TEXAS

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Phone: 979-478-6712 • Fax: 979-478-7537
Home Page: www.wallistexas.org • Email: cityhall@wallistexas.org

Confidential Information

Agreement

In the event you are not selected by the City of Wallis for employment, you will never be told on what grounds you were not selected. At no time will any part of the background investigation be made available to you.

I have read the above statement and fully understand that no information concerning the decision of my background investigation will be made available to me.

_____   _____
Signature of Applicant   Date

_____
Print Name