City of Tomball – EMPLOYMENT APPLICATION

Equal Opportunity Employer

Personnel Department, 401 Market Street, Tomball, TX 77375
281-290-1000 voice; 281-290-1088 fax; hr@ci.tomball.tx.us

POSITION APPLIED FOR:	JOB #:	DATE: (mm/dd/yy) 5-6-87

The City of Tomball only accepts application/resumes for open, currently posted, authorized job openings.

PERSONAL INFORMATION **Please Print in Ink or Type – You may attach a resume and/or applicable certificates.**

NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NO.	
RESIDENCE ADDRESS	APT. NO.	CITY	STATE	ZIP
HOME TELEPHONE NO.	OTHER MEANS OF CONTACT:			
EMAIL ADDRESS				

IN CASE OF EMERGENCY, PLEASE NOTIFY:

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.? Y or N
Proof of citizenship or work authorization will be required for employment.

HAVE YOU EVER USED ANOTHER NAME(S)? Y or N IF YES, SPECIFY:

HAVE YOU BEEN CONVICTED OF ANY CRIMINAL STATUTE WHETHER FELONY OR MISDEMEANOR OR HAVE YOU PLED NOLO CONTEND ERE OR BEEN GRANTED DEFERRED ADJUDICATION, PAROLE, OR PROBATION WITHIN THE LAST TEN YEARS? Y or N IF YES, LIST ALL SUCH OFFENSES AND STATE DATE, CONVICTION, NAME OF COURT AND DISPOSITION. YOU MAY OMIT MINOR VIOLATIONS FOR WHICH YOU PAID A FINE OF $50 OR LESS AND/OR PARKING VIOLATIONS.

DATE (mm/yy)	CONVICTION FOR	COUNTY & STATE OF CONVICTION	DISPOSITION

DESIRED EMPLOYMENT

DATE YOU CAN START: ARE YOU SEEKING: ___REGULAR ___ TEMPORARY ___ FULL TIME ___PART TIME ___DAY ___EVENING ___NIGHT ___ WEEKEND ___SHIFT WORK ___ INTERNSHIP

ARE YOU A CURRENT CITY OF TOMBALL EMPLOYEE? Y or N IF YES, WHAT DEPARTMENT:

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF TOMBALL? Y or N DATE:
DEPARTMENT: REASON FOR LEAVING:

ARE YOU RELATED TO ANY MEMBER OF THE CITY COUNCIL OR ANY PERSON EMPLOYED BY THE CITY OF TOMBALL: Y or N IF YES, BY BIRTH or ADOPTION? NAME:
RELATIONSHIP: DEPARTMENT:

ARE YOU ABLE TO MEET THE SCHEDULE AND ATTENDANCE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING? Y or N

WILL YOU WORK MORE THAN 40 HOURS IN A WEEK IF REQUIRED? Y or N

EDUCATION

CHECK THE LAST GRADE COMPLETED: ___1-4 ___5-8 ___9-12 ___GED A COPY OF YOUR HIGH SCHOOL DIPLOMA/GED CERTIFICATE IS REQUIRED AT TIME OF INTERVIEW.	**SCHOOL/INSTITUTION, CITY, STATE:**
DID YOU GRADUATE? Y or N ___ HRS MONTH/YEAR: **DEGREE OR DIPLOMA RECEIVED:** **MAJOR FIELD OF STUDY:**	**COLLEGE, CITY, STATE:**
DID YOU GRADUATE? Y or N ___ HRS MONTH/YEAR: **DEGREE OR DIPLOMA RECEIVED:** **MAJOR FIELD OF STUDY:**	**COLLEGE, CITY, STATE:**
DID YOU GRADUATE? Y or N ___ HRS MONTH/YEAR: **DEGREE OR DIPLOMA RECEIVED:** **MAJOR FIELD OF STUDY:**	**COLLEGE-GRADUATE SCHOOL, CITY, STATE:**
DID YOU GRADUATE? Y or N ___ HRS MONTH/YEAR: **DEGREE OR DIPLOMA RECEIVED:** **MAJOR FIELD OF STUDY:**	**BUSINESS/TECHNICAL/VOCATIONAL CITY, STATE:**

ARE YOU AN ARMED FORCES VETERAN? Y or N BRANCH OF SERVICE:
TYPE OF DISCHARGE: DATE OF SERVICE, FROM: TO:

SPECIAL SKILLS/LANGUAGES

LIST ANY SPECIAL SKILLS YOU POSSESS AND/OR EQUIPMENT OR OFFICE MACHINES YOU CAN OPERATE:

MACHINE & EQUIPMENT SKILLS	**PC SOFTWARE SKILLS**
_____	_____
_____	_____
_____	_____

LANGUAGES (OTHER THAN ENGLISH):
1. ___SPEAK ___READ ___WRITE 2. ___SPEAK ___READ ___WRITE

LICENSE/CERTIFICATE

DRIVER'S LICENSE # ISSUED BY STATE OF: COPIES REQUIRED AT TIME OF INTERVIEW.
WHAT TYPE OF LICENSE DO YOU HAVE? CHECK ALL THAT APPLY:
___ COMMERCIAL (CDL) CLASS: ___ A ___ B ___ C ENDORSEMENT: ___T ___P ___N ___H ___X
___ OPERATORS CLASS: ___A ___ B ___ C EXPIRATION DATE:
HAVE YOU BEEN CONVICTED OF DUI OR DWI WITHIN THE PAST THREE (3) YEARS? Y or N
IS YOUR LICENSE PRESENTLY RESTRICTED, SUSPENDED OR REVOKED? Y or N
IF YES, GIVE THE REASON:
THE DATE IT BEGAN: AND THE DATE ENDED (OR WILL END):

SPECIAL QUALIFICATIONS AND SKILLS

INDICATE BELOW ANY EXPERIENCE, SKILLS, LICENSES OR CERTIFICATIONS, NOT PROVIDED IN OTHER PARTS OF THIS APPLICATION, THAT IN YOUR OPINION WOULD QUALIFY YOU FOR THE POSITION YOU SEEK:

_____
_____
_____
_____
_____
_____
_____
_____
_____

EMPLOYMENT HISTORY

PLEASE LIST ALL EMPLOYMENT OR VOLUNTEER HISTORY EXPERIENCE. BEGIN WITH YOUR PRESENT OR LAST POSITION AND WORK BACK. PROVIDE SUFFICIENT, QUALIFYING EXPERIENCE. PLEASE EXPLAIN ALL PERIODS OF UNEMPLOYMENT EXCEEDING 90 DAYS. ATTACH ANOTHER SHEET IF MORE SPACE IS NEEDED. YOU MAY ATTACH A RESUME REFLECTING YOUR EMPLOYMENT HISTORY IN LIEU OF COMPLETING THIS PORTION OF THE APPLICATION. ALL INFORMATION IS SUBJECT TO VERIFICATION. YOU MUST INCLUDE TELEPHONE NUMBERS.

CURRENTLY EMPLOYED? Y or N MAY WE CONTACT? Y or N ELIGIBLE FOR REHIRE? Y or N

PRESENT EMPLOYER: _____

ADDRESS: _____ **CITY/STATE:** _____

POSITION TITLE: _____ ___ **FULL TIME** ___ **PART TIME** ___**VOLUNTEER**

START DATE: _____ **END DATE:** _____ **ENDING SALARY:** _____

SUPERVISOR'S NAME/TITLE: _____ **PHONE:** _____
REASON FOR LEAVING:
_____
DESCRIBE DUTIES YOU PERFORMED & ACQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING:
_____

ELIGIBLE FOR REHIRE? Y or N
EMPLOYER: _____

ADDRESS: _____ **CITY/STATE:** _____

POSITION TITLE: _____ ___ **FULL TIME** ___ **PART TIME** ___**VOLUNTEER**

START DATE: _____ **END DATE:** _____ **ENDING SALARY:** _____

SUPERVISOR'S NAME/TITLE: _____ **PHONE:** _____
REASON FOR LEAVING:
_____
DESCRIBE DUTIES YOU PERFORMED & ACQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING:
_____

ELIGIBLE FOR REHIRE? Y or N
EMPLOYER: _____

ADDRESS: _____ **CITY/STATE:** _____

POSITION TITLE: _____ ___ **FULL TIME** ___ **PART TIME** ___**VOLUNTEER**

START DATE: _____ **END DATE:** _____ **ENDING SALARY:** _____

SUPERVISOR'S NAME/TITLE: _____ **PHONE:** _____
REASON FOR LEAVING:
_____
DESCRIBE DUTIES YOU PERFORMED & ACQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING:
_____

EMPLOYMENT HISTORY, continued

ELIGIBLE FOR REHIRE? Y or N
EMPLOYER: _____

ADDRESS: _____ **CITY/STATE:** _____

POSITION TITLE: _____ ___ **FULL TIME** ___ **PART TIME** ___**VOLUNTEER**

START DATE: _____ **END DATE:** _____ **ENDING SALARY:** _____

SUPERVISOR'S NAME/TITLE: _____ **PHONE:** _____
REASON FOR LEAVING:
_____
DESCRIBE DUTIES YOU PERFORMED & ACQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING:
_____

ELIGIBLE FOR REHIRE? Y or N
EMPLOYER: _____

ADDRESS: _____ **CITY/STATE:** _____

POSITION TITLE: _____ ___ **FULL TIME** ___ **PART TIME** ___**VOLUNTEER**

START DATE: _____ **END DATE:** _____ **ENDING SALARY:** _____

SUPERVISOR'S NAME/TITLE: _____ **PHONE:** _____
REASON FOR LEAVING:
_____
DESCRIBE DUTIES YOU PERFORMED & ACQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING:
_____

IF YOU HAVE INDICATED IN THE EMPLOYMENT HISTORY SECTION THAT YOU HAD A GAP IN EMPLOYMENT, WERE YOU LAID OFF OR DISMISSED FROM A POSITION? Y or N YOU MAY PROVIDE FURTHER INFORMATION HERE:

HAVE YOU EVER BEEN DISMISSED AND/OR ALLOWED TO RESIGN IN LIEU OF DISCHARGE? Y or N
IF YES, EXPLAIN:

WORK RELATED REFERENCES LIST THREE (OTHER THAN RELATIVES) WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME: _____ **RELATIONSHIP:** _____
PHONE: _____
ADDRESS, CITY, STATE, ZIP CODE: _____
YEARS KNOWN: _____
NAME: _____ **RELATIONSHIP:** _____
PHONE: _____
ADDRESS, CITY, STATE, ZIP CODE: _____
YEARS KNOWN: _____
NAME: _____ **RELATIONSHIP:** _____
PHONE: _____
ADDRESS, CITY, STATE, ZIP CODE: _____
YEARS KNOWN: _____

FAILURE TO FULLY FILL OUT THIS APPLICATION FOR EMPLOYMENT OR TO ATTACH APPLICABLE INFORMATION WILL ELIMINATE YOUR APPLICATION FROM FURTHER CONSIDERATION.

PLEASE READ CAREFULLY AND SIGN BELOW

I UNDERSTAND THAT IF I AM HIRED, IT WILL BE AT THE DISCRETION OF THE DEPARTMENT HEAD, SUBJECT TO THE APPROVAL OF THE CITY MANAGER, AS PRESCRIBED IN THE CITY CHARTER. I UNDERSTAND THAT CITY EMPLOYMENT IS "AT WILL" WHICH MEANS THAT THE CITY HAS NO OBLIGATION TO CONTINUE TO EMPLOY ME IN THE FUTURE. CITY EMPLOYEES ARE SUBJECT TO THE CITY OF TOMBALL PERSONNEL POLICIES AND ADMINISTRATIVE POLICIES, AS AMENDED. COPIES OF THESE POLICIES ARE AVAILABLE AT THE PERSONNEL DEPARTMENT.

I CERTIFY THAT I HAVE MADE NO MISREPRESENTATION IN THIS APPLICATION AND ATTACHMENT(S) AND I HAVE NOT WITHHELD INFORMATION IN MY STATEMENTS AND ANSWERS TO QUESTIONS. I ATTEST THAT IT IS COMPLETE, TRUE AND CORRECT AND I UNDERSTAND THAT ANY MISSTATEMENT, FALSIFICATION, OR OMISSION OF INFORMATION SHALL BE GROUNDS FOR REFUSAL TO HIRE, OR IF HIRED, TERMINATION. I AUTHORIZE ANY OF THE PERSONS, ORGANIZATIONS, AND EDUCATIONAL INSTITUTIONS REFERENCED IN THIS APPLICATION TO GIVE OFFICIALS OF THE CITY OF TOMBALL ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, MOTOR VEHICLE RECORD, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION AND I RELEASE UNCONDITIONALLY AND IRREVOCABLY SUCH PARTIES FROM ALL LIABILITY FROM ANY DAMAGES WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION TO THE CITY OF TOMBALL. I HEREBY AUTHORIZE THE CITY OF TOMBALL TO INVESTIGATE AND VERIFY ANY REPRESENTATIONS MADE BY ME, EITHER ORALLY OR IN WRITING. I HEREBY RELEASE THE CITY, AND ANY INDIVIDUAL WHO PROVIDES OR OBTAINS INFORMATION PURSUANT TO THIS AUTHORIZATION, FROM ANY AND ALL LIABILITY FOR DAMAGES OF ANY KIND WHICH MAY RESULT TO ME ON ACCOUNT OF COMPLIANCE, OR ATTEMPTS TO COMPLY, WITH THIS AUTHORIZATION. I AM ALSO AWARE THAT MY APPLICATION IS SUBJECT TO THE TEXAS OPEN RECORDS LAW AND MAY BE RELEASED AS A PUBLIC DOCUMENT. I ALSO UNDERSTAND THAT THIS APPLICATION IS THE PROPERTY OF THE CITY OF TOMBALL AND WILL BECOME A PART OF MY PERSONNEL FILE IF I AM HIRED.

SIGNATURE OF APPLICANT: _____DATE: _____

THE CITY OF TOMBALL IS AN "AT WILL" EMPLOYER AS DEFINED BY APPLICABLE LAWS. ALL POTENTIAL EMPLOYEES ARE SUBJECT TO A DRUG SCREEN AND DEPENDING ON POSITION, AN ALCOHOL SCREEN, DRIVING RECORD CHECK, CRIMINAL HISTORY REVIEW, POLYGRAPH EXAMINATION, CREDIT HISTORY CHECK, AND VERIFICATION OF PHYSICAL AND MENTAL CAPABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB. THE CITY OF TOMBALL IS AN EQUAL OPPORTUNITY EMPLOYER.

FOR PERSONNEL USE ONLY:

Dept./Division: _____ Open Posting Began: _____ Open Posting End: _____

___ Promotion ___ Transfer ___New Employee

Date received in Personnel Department: **Initials: _____**

REVISION 05/11/2004

CITY OF TOMBALL
PERSONNEL DEPARTMENT
VOLUNTARY APPLICANT INFORMATION FORM – EEO DATA

TO BE COMPLETED BY APPLICANT:

In order to comply with reporting requirements under Federal law, we ask that you complete this form. The information will be used solely for the purposes of compliance with federal requirements. It will not be used for hiring, placement or any other decision relating to terms and conditions of employment. If hired, it will not become part of your personnel file. Completion of this form is voluntary and failure to complete will not affect your application status.

Thank you very much for your cooperation and assistance.

PLEASE PRINT

LAST NAME	FIRST NAME	MIDDLE NAME
SOCIAL SECURITY NUMBER	**BIRTH DATE**	**RACE/ETHNIC (Definition Below)**
		☐ CAUCASIAN ☐ BLACK ☐ HISPANIC ☐ AMERICAN INDIAN/ALASKA NATIVE ☐ ASIAN OR PACIFIC ISLANDER
SEX	**VETERAN**	
☐ MALE ☐ FEMALE	☐ YES ☐ NO	
POSITION APPLIED FOR:		
SIGNATURE:		**DATE:**

ARE YOU A CURRENT CITY OF TOMBALL EMPLOYEE? Y or N
HAVE YOU EVER APPLIED FOR A JOB WITH THE CITY OF TOMBALL? Y or N

HOW DID YOU FIND OUT ABOUT THIS JOB? PLEASE CIRCLE ONE:

01-CITY OF TOMBALL WEB PAGE	06-TML WEB PAGE	11-JOB VACANCY POSTING
02-EMPLOYEE REFERRAL	07-TOMBALL POTPOURRI	12-MAGNOLIA POTPOURRI
03-WOODLAND VILLAGER	08-CONROE COURIER	13-HOUSTON CHRONICLE
04-EMPLOYMENT SOURCE	09-EMPLOYMENT GUIDE	14-EMPLOYMENT GUIDE WEB PAGE
05-WALK-IN	10-FRIEND/RELATIVE	15-OTHER: _____

The Race/Ethnic designations used by the Equal Employment Opportunity Commission are outlined below:

CAUCASIAN	**All persons having origins in any of the original peoples of Europe, North Africa or the Middle East. (not of Hispanic Origin)**
BLACK	**All persons having origins in any of the Black racial groups of Africa.**
ASIAN OR PACIFIC ISLANDER	**All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Island, and Samoa.**
HISPANIC	**All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture origin, regardless of race.**
AMER. INDIAN OR ALASKA NATIVE	**All persons having origins in any to the original peoples of North American, and who maintain cultural identification through tribal affiliation or community recognition.**

NOTE: Prior to 1978 people from the Indian Subcontinent were classified "Caucasian", however, that designation has been changed. Now people from the Indian Subcontinent are to be classified as "Asian or Pacific Islander. The Indian Subcontinent is comprised of Bangladesh, Bhutan, India, Nepal, Pakistan, Sikkim and Sri Lanka.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal
APPLICANT or EMPLOYEE NAME (Please print)
history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of $9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

_____
Signature of Applicant or Employee

_____
Date

_____
Agency Name (Please print)

_____
Agency Representative Name (Please print)

_____
Signature of Agency Representative

_____
Date

Please:
Check and Initial each Applicable Space

CCH Report Printed:

YES ☐ NO ☐ _____ initial

Purpose of CCH: _____

Hire ☐ Not Hired ☐ _____ initial

Date Printed:_____ _____ initial

Destroyed Date:_____ _____ initial

Retain in your files