



Application #: _____
(Office use only)

Employment Application

1018 Dallas Street South Houston, TX 77587
713-947-7700 www.southhoustontx.org

INSTRUCTIONS: Print all information in blue or black ink. Applications must be completed in full. **Incomplete applications may disqualify you from consideration.**

Applicants will only be considered for “open” position(s) posted at City Hall. A RESUME IS NOT A SUBSTITUTE FOR AN APPLICATION. A resume may be attached as a supplement to the employment application.

Those applicants requiring reasonable accommodations to the application and /or interview process should notify a representative of the Human Resources Department.

Equal Employment Opportunity Employer

All applicants meeting the City of South Houston’s minimum qualifications for the specific job will be considered for employment without regard to race, religion, sex, national origin, age, or the presence of a non-job-related medical condition of disability.

PERSONAL INFORMATION

Date:	Social Security No.:	Name (Full – Last, First MI):	
Street Address:		City:	State: Zip:
Home Phone:	Business Phone:	Cell Phone:	E-mail Address:
Position(s) applied for: (1) _____ (2) _____ (3) _____	Other names Used: (1) _____ (2) _____ (3) _____	Are you willing to work?(Check all that apply): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/> Overtime <input type="checkbox"/> Mornings <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Temporary	
Will you accept current starting salary? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", what salary is desired? _____			
Do you have any friends or relatives who work for the City of South Houston? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give their: Name: _____ Department: _____ Relationship to You: _____			
Have you previously been employed by the City of South Houston? <input type="checkbox"/> Yes <input type="checkbox"/> No If answered "Yes": When: _____ In what department: _____ Title: _____			
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date you are available to start work: _____	

REFERRAL SOURCE

How did you learn about the position(s) for which you applied? Place a check next to the appropriate choice. Please mark only one choice.

- Walk-in Employee Government Employment Agency Other
 Relative/Friend Newspaper City of South Houston Web Page

PERSONAL HISTORY

1. Have you <u>ever</u> been discharged (fired) for any reason from a job? Employer Name: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you <u>ever</u> been asked to resign? Employer Name: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you <u>ever</u> been convicted of or received probation or deferred adjudication for any felony or misdemeanor, excluding minor traffic offenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you <u>under</u> 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you currently on "lay off" status and subject to recall? Employer Name: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain any "Yes" responses given to the above questions including dates, location, circumstances, and/or other relevant information: _____ _____ _____ _____		

LANGUAGES

Do you speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	How fluently? <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
If yes, what language(s) do you speak? _____	
Do you write a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	How good? <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
If yes, what language(s) do you write? _____	

DRIVING RECORD

Name (as it appears on license): _____	Drivers License Number: _____
Do you have a valid Texas Drivers License: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date: _____ State: _____
Address on Drivers License: _____ _____	
Check the type of license you currently possess:	
<input type="checkbox"/> Class C Operator	<input type="checkbox"/> Class A Commercial
	<input type="checkbox"/> Class B Commercial

EDUCATION INFORMATION

Name High School or GED Inst.	City	State	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	GED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
College Name	City	State	Degree <input type="checkbox"/> Yes <input type="checkbox"/> No	Major/Study	Credit/Cert	GPA
College Name/Other	City	State	Degree <input type="checkbox"/> Yes <input type="checkbox"/> No	Major/Study	Credit/Cert	GPA

Please list any professional associations, licensing, and /or certification which you participate in or have acquired that may assist you in performing the duties of the position for which you are applying:

INSTRUCTIONS: List the last four (4) employers for whom you have worked, starting with the most recent or current employer.

EMPLOYMENT RECORD

Present or Last Employer		Phone		Starting Date (Month/Year)
Address	City	State	Zip	Ending Date (Month/Year)
Name of immediate Supervisor		Your Position/Title		Starting Salary:
Reason for Leaving:				Ending Salary:
Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific.				

Next Previous Employer		Phone		Starting Date (Month/Year)
Address	City	State	Zip	Ending Date (Month/Year)
Name of immediate Supervisor		Your Position/Title		Starting Salary:
Reason for Leaving:				Ending Salary:
Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific.				

Next Previous Employer		Phone		Starting Date (Month/Year)
Address	City	State	Zip	Ending Date (Month/Year)
Name of immediate Supervisor		Your Position/Title		Starting Salary:
Reason for Leaving:				Ending Salary:
Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific.				

Next Previous Employer		Phone		Starting Date (Month/Year)
Address	City	State	Zip	Ending Date (Month/Year)
Name of immediate Supervisor		Your Position/Title		Starting Salary:
Reason for Leaving:				Ending Salary:
Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific.				

EMPLOYMENT HISTORY

Explain any gaps in your employment, other than those due to personal illness, injury or disability:

COMPUTER SKILLS

Check appropriate boxes, include software titles and years of experience:

<input type="checkbox"/> Microsoft Word	Years ____	<input type="checkbox"/> Other	_____	Years ____
<input type="checkbox"/> Microsoft Excel	Years ____	<input type="checkbox"/> Other	_____	Years ____
<input type="checkbox"/> Incode/Invision Software	Years ____	<input type="checkbox"/> Other	_____	Years ____

REFERENCES List three business/work or school references who are **not** related to you and are **not** previous supervisors.

Full Name	Title	Relationship to You	Telephone No.	# of Yrs Known

IMPORTANT – PLEASE READ

I UNDERSTAND that a large number of applications may be received for a single position and that it is not possible for the City to personally interview every applicant. I UNDERSTAND that this application, along with any attachments, becomes the property of the City of South Houston and that all information submitted and considered is subject to verification. I UNDERSTAND, AUTHORIZE, AND GIVE PERMISSION for the City of South Houston to conduct verification and/or investigations of my criminal history, driving record, employment history, and any other job-related investigations as are necessary to determine my qualifications for employment.

I UNDERSTAND that the City does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I UNDERSTAND that if I am offered employment with the City of South Houston, I will be required to take a post-offer physical exam which will include a drug test. Any offer of employment that I may receive will be conditioned upon the results of the post-offer physical exam. In addition, positive results of the post-offer drug test will disqualify me from employment. I ALSO UNDERSTAND that if I become employed with the City of South Houston, I will be required to comply with the City’s drug testing policy. **I ACKNOWLEDGE the City of South Houston is an at-will employer. The City of South Houston has the right to hire and fire at-will and for any nondiscriminatory reason.**

I CERTIFY that all statements and answers to all questions in this application are true, complete and correct, and are made in good faith. I UNDERSTAND that falsification of any answers I have given and/or failure to provide requested information will have serious consequences, including disqualification for employment and/or termination of employment.

FAILURE to sign the application will result in an incomplete application.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the Employment Application.

Applicant Signature: _____

Date: _____



Employment Verification Form

Application Attachment I

1018 Dallas Street South Houston, Texas 77587

713-947-7700 www.southhouston.org

I complete this "Employment Verification Form" with the understanding that it will be sent by the City of South Houston to my previous employers and that I fully release my previous employers from any and all liability associated with the release of such information. Therefore, I authorize my previous employers, named on this form to verify the employment information I have provide below. I understand that my responses will be compared with my employment records, and my previous employers may provide additional information, as necessary, to explain any discrepancies. I understand that, should I provide any false or misleading information, my application may not be considered for employment.

APPLICANT PLEASE COMPLETE THE INFORMATION IN THIS SECTION:

Name (Full – Last, First MI):	Signature:	SSN:	Date (mm/dd/yyyy):
Employer:	Phone No.:	Fax No.:	Supervisor's Name:
Street Address:	City:	State:	Zip:

Applicant Please Complete the information in this column ONLY. My personnel/payroll records for this employer will show the following information:	Completed by Previous Employer:
1. Job Title: _____	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect If necessary, explain:
2. Period of Employment: From: _____ thru _____	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect If necessary, explain:
3. Beginning Salary: _____ (hr / wk / mo / yr) Circle one Ending Salary: _____ (hr / wk / mo / yr) Circle one	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect If necessary, explain:
4. Overall, my supervisor would rate my performance as (check one): <input type="checkbox"/> Excellent <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect If necessary, explain:
5. Reason for Leaving (check one): <input type="checkbox"/> Voluntary Resignation with proper notice <input type="checkbox"/> Voluntary Resignation without proper notice <input type="checkbox"/> Involuntary Resignation <input type="checkbox"/> Discharged (Terminated) <input type="checkbox"/> Lay Off <input type="checkbox"/> Retired <input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect If necessary, explain:
6. Records will reveal I am eligible for re-hire with this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect If necessary, explain:
Additional Comments: _____ _____	
Name of Person Verifying Information _____ Title _____ Date _____	



Criminal History Consent Form

Application Attachment II
1018 Dallas Street
South Houston, Texas 77587
713-947-7700
www.southhoustontx.org

Important – Please Read: My signature below authorizes the Department of Public Safety to provide the City of South Houston, criminal history information that may be required to arrive at an employment decision. In connection therewith, and in consideration of the undertaking of the City of South Houston to review this criminal history information, and to consider me for hire, I hereby indemnify, release and hold harmless the City of South Houston including, but not limited to its officers, agents, and employees, in both their public and private capacities, from and against any and all damages, costs, expenses, and attorney’s fees for all claims and suits, including but not limited to claims and suits for death, personal injury, and property damage, arising out of or connected with the request and/or retrieval of the criminal history records and authorized herein.

Name (Full – Last, First MI):			
Aliases (Include Maiden Name):			
Social Security No.:	DOB (mm/dd/yyyy):	Race: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:			
City:	State:	Zip:	
I hereby authorize the City of South Houston to request and receive a statewide Criminal History Record pertaining to me.			
Signature: _____		Date: _____	



Applicant Demographics Report

Application Attachment III
1018 Dallas Street
South Houston, Texas 77587
713-947-7700
www.southhoustontx.org

COMPLETION OF THIS FORM IS VOLUNTARY

The City of South Houston is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the City of South Houston invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Information provided on this form is not part of the hiring process and is not considered by those involved in the hiring process. Qualified applicants and employees are considered without regard to race, color, religion, sex, national origin, age, marital status, disability, or any other legally protected status. Please note that this document is kept in a confidential file and is not part of your Application for Employment or Personnel File.

Name: _____

Sex: Male Female

DOB (mm/dd/yyyy): _____

Position Applied for (Must indicate specific job title): _____

EEO Classification

Specific Instructions: The categories below are designed to identify your basic racial and national origin category. Place a "check" next to the appropriate category. Note: Check only one category.

- White Black or African American American Indian or Alaskan Native (Not Hispanic or Latino)
 Asian Hispanic or Latino Native Hawaiian or other Pacific Islander

Employment Eligibility Verification

In what **Country** were you born? _____

Have you the legal right to work permanently in the United States? Yes No

What documents can you show to prove your legal right to work in the United States?

- Drivers License and Social Security Card Certificate of U.S. Citizenship or Naturalization
 Permanent Resident Card U.S. Passport showing U.S. Citizenship
 Other (Specify): _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

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

Signature of Applicant or Employee

Date

City of South Houston

Agency Name (Please print)

Tina Smith

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES <u>XXXX</u> NO _____	ts _____ initial
Purpose of CCH: _____	Employment
Empl <u>XX</u> Vol/Contractor _____	ts _____ initial
Date Printed: _____	ts _____ initial
Destroyed Date: _____	_____ initial
Retain in your files	



City of South Houston

1018 Dallas • P.O. Box 238 • South Houston, TX 77587-0238 • 713-947-7700

I, _____ HEREBY AUTHORIZE THE CITY OF SOUTH HOUSTON TO HAVE A DOCTOR OF THE CITY'S CHOICE CONDUCT A PRE-EMPLOYMENT PHYSICAL EXAM AND DRUG SCREEN. THE EXAMINING PHYSICIAN HAS MY PERMISSION TO RELEASE ALL INFORMATION REGARDING THE RESULTS OF THE EXAMINATION/SCREENING TO THE CITY OF SOUTH HOUSTON FOR CONSIDERATION OF EMPLOYMENT.

SIGNATURE OF APPLICANT

SOCIAL SECURITY NUMBER

DATE OF BIRTH

DATE SIGNED