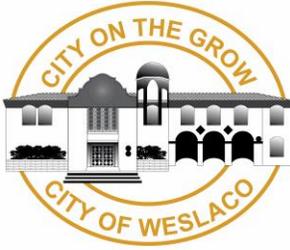


*This application is not for Fire or Police Civil Service Vacancies*



# CITY OF WESLACO

## APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

CITY HALL BUILDING - 1928  
255 SOUTH KANSAS  
WESLACO, TEXAS 78596

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital status, or the presence of a non-job-related medical condition, handicap or disability.

Date of Application \_\_\_\_\_

Position applied for \_\_\_\_\_ Job No. \_\_\_\_\_

*(Use one (1) application for each position applied for)*

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Alternate # \_\_\_\_\_

Are you known by another name:  Yes  No

If yes, by what name? \_\_\_\_\_

Will you accept temporary employment? \_\_\_\_\_ Part time? \_\_\_\_\_

Shift Work? \_\_\_\_\_ What date can you be available for work? \_\_\_\_\_

Are you related, by blood or marriage, to any member of the City Commission or any person now employed by the City of Weslaco?  Yes  No

If yes, please identify below:

<u>Name</u>	<u>Relation</u>	<u>Department</u>	<u>Position</u>

Have you been convicted of a misdemeanor or felony, been placed on probation, or released from prison within the last seven (7) years? This includes any traffic violations.  Yes  No

**Note:** A Criminal Background Check will be conducted on all prospective employment applicants. A criminal record does not constitute an absolute bar to employment. Factors such as age at the time of the offense; rehabilitation efforts, relevance of a criminal conviction to position applied for, how recent and seriousness of the crime will be taken into account.

Have you ever resigned to avoid termination?  Yes  No

If you answered Yes to either of the above questions, describe in full, including date(s)

\_\_\_\_\_

Have you been bonded?  Yes  No

If yes, for what position?

\_\_\_\_\_

Is there any reason why you would not be able to perform the duties or fulfill the responsibilities described in the job description for this position?  Yes  No

If Yes, why?

\_\_\_\_\_

**PERSONAL REFERENCES**

Give name, address, and phone number of three (3) references not related to you (not former employers or relatives) who have personal knowledge of your character, experience, and ability.

<u>Name</u>	<u>Mailing Address</u>	<u>City, State, Zip</u>	<u>Phone</u>	<u>Years Acquainted</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**LICENSES & CERTIFICATION (must attach clean, clear photocopies of licenses or certifications):**

Do you have a valid Texas Driver's License?  Yes  No

If the position for which you are applying requires operation of a motor vehicle, list any traffic violations you have incurred during the past five (5) years: \_\_\_\_\_

\_\_\_\_\_

List all licenses or certifications you hold (Valid Driver's License, CDL, Plumbers, Electricians, Peace Officer, Firefighter, etc.)

<u>Type</u>	<u>Issuing Agency</u>	<u>License No.</u>	<u>Exp. Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Note:** Driver's License records and other licenses will be investigated where essential and job-related.

**EDUCATION (must attach clean, clear photocopies of certificates, transcripts or licenses):**

	Name of School	Address	Graduate
<b>Circle Highest Grade Completed</b> <b>1 2 3 4 5 6 7 8</b> <b>9 10 11 12 GED</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>College, Business or Trade School</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Graduate/Professional</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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**EMPLOYMENT EXPERIENCE:**

List below each job held. Begin with your Present or Last job. Include full and part-time jobs, summer job, etc.

EMPLOYER	DATES		WORK PERFORMED
	FROM:	TO:	
ADDRESS	SALARY		
PHONE NUMBER	STARTING:	ENDING:	
POSITION HELD:		SUPERVISOR'S NAME:	
REASON FOR LEAVING:			
EMPLOYER	DATES		WORK PERFORMED
	FROM:	TO:	
ADDRESS	SALARY		
PHONE NUMBER	STARTING:	ENDING:	
POSITION HELD:		SUPERVISOR'S NAME:	
REASON FOR LEAVING:			
EMPLOYER	DATES		WORK PERFORMED

	FROM:	TO:	
ADDRESS			
	SALARY		
PHONE NUMBER	STARTING:	ENDING:	
POSITION HELD:		SUPERVISOR'S NAME:	
REASON FOR LEAVING:			
EMPLOYER	DATES		WORK PERFORMED
	FROM:	TO:	
ADDRESS			
	SALARY		
PHONE NUMBER	STARTING:	ENDING:	
POSITION HELD:		SUPERVISOR'S NAME:	
REASON FOR LEAVING:			
<b>APPLICANT CERTIFICATION STATEMENT</b>			
<p>I hereby certify that answers given herein are true and complete to the best of my knowledge and agree that if employed, any misrepresentation, falsification or omission of facts thereon shall justify my dismissal.</p> <p>I hereby authorize THE CITY OF WESLACO to fully investigate my record and work qualifications either before or after my employment by the City of Weslaco and to facilitate such investigation. I understand that my employment is contingent upon passing a complete background investigation. I also hereby authorize any persons, office, agency, or source, having information and knowledge about my personal, employment, or financial history and other related matters as may be necessary in arriving at an employment decision to furnish and release such information to the City of Weslaco. I hereby release employers, schools, agencies, or persons from all liability in responding to inquiries in connection with my application.</p> <p>In submitting this application, I understand that it becomes the property of the City of Weslaco and will not be returned.</p> <p>The City of Weslaco promotes a drug and alcohol free work environment. The City mandates that applicants undergo a drug screening examination for illegal drugs and/or controlled substances prior to acceptance for final employment. The City of Weslaco requires this form to be signed prior to consideration for employment. Please read the statement below and sign as part of your application process.</p> <p>I authorize the City of Weslaco to conduct a pre-employment drug screening test as a condition for employment. Further, I understand that refusal to give my compliance may result in my exclusion from further consideration for employment.</p>			
_____		_____	
Signature of Applicant		Date	
_____			
Print Your Name			

**Applicant please note:** *All applications submitted to the Department of Human Resources will be applicable only for the specific position and/or job order being applied for and will remain on an "active" status until that vacancy has been filled.*

