

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

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:

List all current licenses or certifications you hold (CDL, Plumbers, Electricians, Peace Officer, Firefighter, Teacher, etc.)

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

EDUCATION:

NAME OF SCHOOL	ELEMENTARY	HIGH SCHOOL	COLLEGE/UNIVERSITY
Years Completed (Circle One)	4 5 6 7 8	9 10 11 12	1 2 3 4 5 6
Did you graduate? (Check One)		DIPLOMA: _____ GED: _____	DEGREE: _____ MAJOR: _____
Vocational/Technical Associate/College Hours			

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

EMPLOYMENT EXPERIENCE:

List below each job held. Begin with your Present or Last job. Include military service, 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:		

APPLICANT CERTIFICATION STATEMENT

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.

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.

In submitting this application, I understand that it becomes the property of the City of Weslaco and will not be returned.

Signature of Applicant _____ Date _____

Applicant, please note: All applications will be maintained in an active file for one (1) year and then discarded unless applicant contacts the Human Resources Office.

CITY OF WESLACO DRUG-FREE POLICY

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.

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.

Signature of Applicant Date

Print Your Name



CITY OF WESLACO
EQUAL OPPORTUNITY EMPLOYMENT FORM

Self-Declaration for Candidates

The City of Weslaco takes seriously its commitment to equal opportunity in hiring. In order to monitor our own efforts, we need to have accurate data regarding the composition of our applicant pools.

We would appreciate, therefore, having your self-designation by race and gender. Your decision not to supply this information will not prejudice our consideration of your application, but it will hinder our efforts to review and evaluate our hiring procedures and practices.

Many thanks for your help and understanding. Please circle the applicable term.

Race

- Black
- Asian or Pacific Islander
- Hispanic
- Native American
- Other: _____

Gender

- Male
- Female

Name _____ Date _____

Position you are applying for: _____

PLEASE BE SURE TO PROVIDE THIS FORM TO HUMAN RESOURCES. THIS FORM WILL NOT BE INCLUDED WITH YOUR APPLICATION FOR REVIEW.