APPLICATION FOR EMPLOYMENT

If you need an accommodation to complete this application, or any tests, please notify the Department of Human Resources.
We are on the web at www.cityofedinburg.com.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, sex, religion, national origin, age, disability, citizenship, political affiliation, veteran status, or other unlawful basis.

Date of Application: _____ Job Order # (Required): _____
(I.E. #09-001, please do not write the Texas Workforce ID Number)

For HR Use Only:
Application # _____

Position(s) Applied For: _____
(One application per position)

Referral Service: ☐ Advertisement ☐ Temp. Employment Agency ☐ Friends ☐ WorkForce Solutions ☐ AARP
☐ Volunteer ☐ High School Program ☐ State Programs ☐ Other: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Telephone No.: Home:(_____) _____ Other: (_____) _____

Are you known by any other name? ☐ Yes ☐ No If yes, by what name? _____
(Other Last Name, Nickname, Maiden Name, alias, etc...)

Will you accept temporary employment? ☐ Yes ☐ No Part-time? ☐ Yes ☐ No On Shifts? ☐ Yes ☐ No

On what date can you be available for work? _____

Are you related by blood or marriage, to any member of the City Council or any person now employed by the City of Edinburg?
☐ Yes ☐ No If yes, please identify below:

NAME	RELATION	DEPARTMENT	POSITION

Identify below the person(s) to be notified in case of an emergency.

NAME	ADDRESS	CITY	PHONE NO.

If you have ever been convicted of a ***felony offense***, for each felony, please describe the nature of the charge, the date of the offense, the date of the conviction, the location or jurisdiction, and the punishment assessed (probation/prison).

_____

_____

_____

If you have been convicted of any of the following **misdemeanors within the last five years**, for each conviction, please describe the nature of the charge, the date of the offense, the date of the conviction, the location or jurisdiction, and the punishment assessed: 1) Driving While Intoxicated, 2) Possession of a Controlled Substance (including Marijuana), 3) Assault, 4) Unlawfully Carrying a Weapon and 5) Theft.

_____

_____

_____

Note: A Criminal Background Check will be conducted on all prospective employment applicants and other volunteer placements. A criminal record does not constitute an absolute bar to employment factors such as age at the time of the offense; rehabilitation efforts, how recent and seriousness of the crime will be taken into account.

Have you been bonded? ☐ Yes ☐ No If yes, for what position? _____

Have you ever been refused a bond? ☐ Yes ☐ No If so, why? _____

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

NAME	MAILING ADDRESS	CITY	(A/C) PHONE NO.

List all licenses you hold (drivers, electrician, etc.) **Note:** Drivers license records and other licenses will be investigated where essential and job-related.

TYPE	ISSUING AGENCY	LICENSE NO.	EXPIRATION DATE

EMPLOYMENT EXPERIENCE: List below each job held. Start with your present or last job. Include military service, paid or unpaid, full or part time, summer job, etc. **Note:** Previous employers will be contacted to verify your employment record.

Employer	Dates From To	Work Performed
Address		
City State Zip Code	Hourly Rate/Salary Starting Ending	
Phone No. ( )		
Job Title	Supervisor	
Reason For Leaving		

Employer	Dates From To	Work Performed
Address		
City State Zip Code	Hourly Rate/Salary Starting Ending	
Phone No. ( )		
Job Title	Supervisor	
Reason For Leaving		

Employer	Dates From To	Work Performed
Address		
City State Zip Code	Hourly Rate/Salary Starting Ending	
Phone No. ( )		
Job Title	Supervisor	
Reason For Leaving		

If space is needed for additional information, please provide an attachment.

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special skills and qualifications acquired from employment or other experience.

_____

_____

_____

EDUCATION:

	Elementary	High School	College/ University	Graduate/ Professional
School Name				
Yrs. Completed	1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree Course of Study				
Specialized Training, Skills, Apprenticeship				

Applicant Please Read the Following Carefully

CERTIFICATION

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 Edinburg to fully investigate my record and work qualifications either before or after my employment by the City of Edinburg and to facilitate such investigation, I also hereby authorize any persons, office, agency or source, having information and knowledge about my personal, employment, military, educational, driving record. criminal, credit or financial history; prior work related injury information, physical screening, drug screening and other related matters as may be necessary in arriving at an employment decision to furnish and release such information to the City of Edinburg. 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 Edinburg and will not be returned or altered by City staff. I hereby understand and acknowledge that, any employment relationship with the City is of an "at will" nature, which means any employee may be removed by the City Manager, by the head of a department or by other appointing officer at any time in accordance with applicable law.

_____ _____

Signature of Applicant Date

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

CITY OF EDINBURG

Affirmative Action Form

Government agencies require reports about status of applicants. This data is for analysis and affirmative action only. Cooperation is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration that you might receive for employment, or any later advancement in employment.

Sex: ☐ Male ☐ Female

Race/Ethnicity

☐ **American Indian or Alaskan Native**
A person having origins in any of the original peoples of North America, Central America, or South America, and who maintains tribal affiliation or community attachment.

☐ **Asian**
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.

☐ **Black or African American**
A person having origins in any of the Black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander**
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White**
A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ **Hispanic or Latino (All races)**
A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

- ☐ **Hispanic or Latino (White race only)**
  A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.
- ☐ **Hispanic or Latino (All other races)**
  A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.

☐ **Race missing or unknown (*For personnel department use only*)**
Applies to applicants when a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

☐ Veteran

Please identify where you learned about an employment opportunity with this organization.

☐ Newspaper ad ☐ Employee referral ☐ Recruiter ☐ Temporary service

☐ State employment Service ☐ Walk-In ☐ Other:_____