



CITY OF KINGSVILLE APPLICATION FOR EMPLOYMENT

We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans' status, sex, national origin, disability, or any other legally protected status.

G E N E R A L	Last Name	First	Middle	Home Phone
	Street Address, City, State, Zip			Cell Phone
	Email Address:			Social Security Number
	Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No			Will you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have the legal right to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Rate of pay expected
	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Type of Employment <input type="checkbox"/> Full <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp.
	Part-time: Circle days available: M T W T F S S Hours available: From: _____ To: _____			
	Applying For: Job No. _____		Job Title: _____	
	Job No. _____		Job Title: _____	
	Job No. _____		Job Title: _____	
Current DL Number/State: _____ / _____				
Commercial DL: <input type="checkbox"/> Yes (Type _____) <input type="checkbox"/> No				

E D U C A T I O N	School	Name ----- Location (City, State)	Course of Study	# of Years Completed	Did you graduate?	Degree/ Or Diploma
	College	-----				
	High School	-----				Check One: Diploma <input type="checkbox"/> GED <input type="checkbox"/>
	**Level of Education verified					

B A C K G R O U N D	Have you applied for a job with the City before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? Month/Year _____/_____ Location/Dept: _____
	Have you ever worked for the City before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? Month/Year _____/_____ Location/Dept: _____
	Have you ever been convicted of or pled guilty or "no contest" to a felony in the past ten (10) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, state offense, court date, and place where conviction occurred.
	Have you been convicted of traffic violations in the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full.
	Note: <i>Conviction of a felony may not automatically disqualify an applicant for employment.</i> State the name of relatives working for the City. Specify their relationship and department in which they work.

Start with most recent or present employer and complete in full. Include full and part-time employment.

E M P L O Y M E N T H I S T O R Y	Current/Prior Employer	Telephone Number
	Address, City, State, Zip	Employed (Month/Year) From: To:
	Immediate Supervisor:	Hourly Pay Start: Last:
	State Job Title and Duties:	Reason for leaving:
		May we contact this employer? ___ Yes ___ No

E M P L O Y M E N T H I S T O R Y	Prior Employer	Telephone Number
	Address, City, State, Zip	Employed (Month/Year) From: To:
	Immediate Supervisor:	Hourly Pay Start: Last:
	State Job Title and Duties:	Reason for leaving:
		May we contact this employer? ___ Yes ___ No

E M P L O Y M E N T H I S T O R Y	Prior Employer	Telephone Number
	Address, City, State, Zip	Employed (Month/Year) From: To:
	Immediate Supervisor:	Hourly Pay Start: Last:
	State Job Title and Duties:	Reason for leaving:
		May we contact this employer? ___ Yes ___ No

E M P L O Y M E N T H I S T O R Y	Prior Employer	Telephone Number
	Address, City, State, Zip	Employed (Month/Year) From: To:
	Immediate Supervisor:	Hourly Pay Start: Last:
	State Job Title and Duties:	Reason for leaving:
		May we contact this employer? ___ Yes ___ No

E M P L O Y M E N T H I S T O R Y	Prior Employer	Telephone Number
	Address, City, State, Zip	Employed (Month/Year) From: To:
	Immediate Supervisor:	Hourly Pay Start: Last:
	State Job Title and Duties:	Reason for leaving:
		May we contact this employer? ___ Yes ___ No

E M P L O Y M E N T H I S T O R Y	Prior Employer	Telephone Number
	Address, City, State, Zip	Employed (Month/Year) From: To:
	Immediate Supervisor:	Hourly Pay Start: Last:
	State Job Title and Duties:	Reason for leaving:
		May we contact this employer? ___ Yes ___ No



APPLICANT EEO DATA FORM

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

1. Job Posting Number	2. Social Security No.	3. Last Name (Type or Print)		First	Middle
4. Address	City	State	ZIP Code	5. Home Phone ()	
				6. Work Phone ()	
7. Sex ___ M-Male ___ F-Female	8. Birth Date	9. Ethnic Origin (Check mark preferred) ___ W-White ___ B-Black ___ H-Hispanic Asian/Pac. Am.Ind/ ___ P-Islander ___ I-Alaskan ___ O-Other			
10. Veteran ___ Yes ___ No	11. Spouse of Veteran ___ Yes ___ No		12. Orphan of Veteran ___ Yes ___ No		
13. How did you find out about this job?					
___ 01 - Other State Employee ___ 06 – Newspaper _____ ___ 11 – WorkInTexas.com <small style="margin-left: 150px;">Name of Newspaper</small>					
___ 02 - Job Fair ___ 07 - College/University Career Day ___ 12 - Other (specify): _____ ___ 03 - Professional Publication ___ 08 - Human Resource/Personnel Office					
___ 04 - Recruitment Poster ___ 09 – Radio ___ 05 - Television ___ 10 - Agency Web Site - Internet					

X _____
 Signature – Applicant Date

White (Not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (Not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.

Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

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, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

AN EQUAL OPPORTUNITY EMPLOYER